

AUTHORIZATION FOR DRIVING RECORD

I hereby authorize Saskatchewan Government Insurance, to disclose all details of my driving record, including accidents, convictions and suspension to:

SASKATCHEWAN MUTUAL INSURANCE CO.
279 - 3rd Avenue North
SASKATOON, Saskatchewan
S7K 2H8

NAME: _____

ADDRESS: _____

DRIVER'S LICENSE NO.: _____

DATE OF BIRTH: _____

POLICY NO.: _____

SIGNATURE: _____ X

DATE: _____