

Driver Agreement

Operational Information:

1. Named Insured: _____
2. Policy Number: _____

Driver Agreement:

In consideration of the premium charged, it is agreed that the vehicles insured under the above noted policy will be driven only by the following:

1. Name: _____
 - a. Driver's License Number: _____
 - b. Date of Birth: _____
2. Name: _____
 - a. Driver License Number: _____
 - b. Date of Birth: _____
3. Name: _____
 - a. Driver License Number: _____
 - b. Date of Birth: _____

Use a duplicate sheet if necessary

It is understood and agreed that any change to the drivers listed above must be made in writing to Intact Insurance Company. Any additions to the listed drivers are subject to Intact Insurance Company's pre-approval.

Signature

Printed Name

Date