

OCCASIONAL DRIVER CERTIFICATE

(Male Operators under 25 years of age)

| | | |
|-------------------------------|------------------|-------------|
| NAME OF INSURED | EFFECTIVE DATE | EXPIRY DATE |
| ATTACHED TO POLICY No. | INSURING COMPANY | |
| AGENT | | |

The vehicle insured will occasionally be driven by:

| NAME | DATE OF BIRTH | | | CONTINUOUS YEARS HOLDING DRIVER'S LICENSE | DRIVER'S LICENSE NO. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------|-------------------------------------------|----------------------|
| | DAY | MONTH | YEAR | | |
| 1. Is the above named physically or mentally disabled to the extent that might affect the safe operation of a motor vehicle? | YES * | NO | * If "YES", please give full details | | |
| 2. (a) Has any license issued to the above named been suspended or cancelled within the three years preceding this application for insurance? (b) Has above named incurred any driving convictions within the past three years? | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | | |
| 3. Has any insurer, to the knowledge of the above named cancelled, declined or refused to renew or issue automobile insurance to the above named within the three years preceding this application for insurance? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4. State particulars of all accidents, losses or claims arising out of the ownership, use or operation of any automobile by the above named within the three years preceding this application for insurance. | <input type="checkbox"/> | <input type="checkbox"/> | | | |

The following Additional Premium is charged to adjust:

| | | | | | PREMIUM |
|---------------------------------|-----------------------------------------|-------------|----|--------------------|---------|
| SECTION A | Third Party Liability | | | | \$ |
| SECTION C | Loss of or Damage to insured Automobile | Sub-Section | 1. | All Perils | \$ |
| | | | 2. | Collision or Upset | \$ |
| TOTAL ADDITIONAL PREMIUM | | | | | \$ |