

# Commercial Auto Authorization Form



Please obtain a signature of the driver/operator, prior to submitting the SGI CANADA application form.

The driver/operator authorizes SGI CANADA to obtain any information about their driving record.

Name of Insured: \_\_\_\_\_ POLICY #: \_\_\_\_\_

Driver/Operator's Name: \_\_\_\_\_

Driver/Operator's Date of Birth: \_\_\_\_\_

Driver/Operator's Licence Number: \_\_\_\_\_

Driver/Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Form