UV INSURANCE

INDIVIDUAL INSURANCE

Driving Questionnaire

EQC058

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to make a decision about your insurance application.

The personal information is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Insured's Information

1. Application or contract # _____
2. Insured's first name _____ Last name _____
3. Date of birth Y M D

Section C – Questionnaire

1. Driver's licence number _____

Within the last five (5) years

2. Have you violated the highway code? ☐ Yes ☐ No

Offences	Number of tickets or arrests	Dates of tickets or arrests	Number of demerit points
Prohibited parking		Y M D	
Seatbelt		Y M D	
Excessive speed		Y M D	
Traffic lights		Y M D	
Mandatory stop		Y M D	
Illegal passing		Y M D	
Not-at-fault accident		Y M D	
At-fault accident		Y M D	
Other; please specify: _____		Y M D	

Section C – Questionnaire (cont.)

Regardless of time elapsed

3. Was your driver's licence ever suspended or revoked as a result of the above-mentioned offences? ☐ Yes ☐ No
   If **Yes**, why:
   ☐ Accumulation of demerit points ☐ Unpaid tickets ☐ Other _____

   a) Date of Licence Loss Y M D Duration _____

   b) Did you drive while your licence was suspended? ☐ Yes ☐ No If **Yes**, when? Y M D

   c) On what date did you get your licence back or do you expect to get it back? Y M D

4. Have you ever been arrested for impaired driving? ☐ Yes ☐ No
   If **Yes**, date of arrest Y M D

   a) Were you convicted? ☐ Yes ☐ No If **Yes**, when? Y M D

   b) Did you drive while your licence was suspended? ☐ Yes ☐ No If **Yes**, when? Y M D

   c) On what date did you get your licence back or do you expect to get it back? Y M D

5. Have you ever been convicted of a hit-and-run, dangerous driving, criminal negligence or any other offence? ☐ Yes ☐ No
   If **Yes**, please indicate the date: Y M D
   Nature and circumstances of the offence:

   a) Did you drive while your licence was suspended? ☐ Yes ☐ No If **Yes**, when? Y M D

   b) On what date did you get your licence back or do you expect to get it back? Y M D

Section D – Consent and Signature

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For further details, please visit our website and consult our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

Signature

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document has the same value as the original.

Signed in _____ Date Y M D

X _____ _____

Signature of person to be insured | Signatory's name in block letters

X _____ _____

Owner's signature (required if insured under age) | Signatory's name in block letters

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