



University Corporate Insurance New Drivers of University Vehicles

The following information is required for all new drivers of University vehicles. The University self-insures for collision/comprehensive and requires this information to determine whether individuals are eligible to drive university vehicles. Please complete the following and return it to the Corporate Insurance office by emailing pacton@uwo.ca. (If you have any questions about the collection, use or disclosure of this information, please contact the Corporate Insurance Administrator at 519-661-2111 ext.)

The following department, _____,
requests that the person named below be added to our list of university drivers.

:HWHUQHKH

ROIQUW

Driver Information:

Name: _____

Home Address: _____ City: _____

Driver's License Number: _____

How long have you been licensed to drive? _____

Have you had an accident in the last 6 years? _____

Have you had any driving convictions in the last 6 years? _____

Are you presently insured on other automobile insurance policies? Yes No

(Answer only if driving a truck or towing trailer)

What experience do you have driving this kind of vehicle?

Driver signature: _____ Date: _____

Department Approval Name (Please Print)

Department Approval Signature

Note: The University provides our Insurance Broker with a list of all university drivers.