

Taxi Driver Approval Form

Important: All Sections must be fully completed. Incomplete applications will be rejected.

SECTION 1: APPLICANT DETAILS

First Name:

Last Name:

Driver's License #:

I am applying as a driver in the driver pool of:

Do you possess any experience in taxi driving? ☐ Yes ☐ No

Years of experience in taxi driving:

Which taxi company were you previously employed with?

What was the duration of your employment? Start Date:

End Date:

During this period, did you submit any claims? If so, please explain.

(All claims must be declared. Failure to show all claims will prohibit you from being added as a driver.)

SECTION 2: (The following information MUST be attached)

- ☐ Experience Letter from prior carrier. If no verified Taxi Experience, Auto-plus or experience letter from Personal Automobile Insurer
- ☐ Copy of current MVR **Motor Vehicle Record (from Service Ontario)**
- ☐ Copy of current taxi license **"Failing to submit it within 60 days will result in excluding the driver with CPCF 28A"**

NOTE: All attached documents forming part of this application as checked above to be signed and dated by the applicant.

SECTION 3:

Driver Declaration: I am applying with this application to be eligible as a driver for automobile insurance while driving for:

Taxi Company:

I declare that the above information provided regarding my taxi driving experience and/or any personal automobile accidents and claims is correct. I understand that the failure to disclose and provide accurate information may result in a voiding of the coverage for automobile insurance in connection with this application. I further authorize Northern Insurance Brokers Inc. to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and to detect and prevent fraud, such as credit information, driving information and claims history.

Driver/Applicant's Signature:

Name:

Date: