

AUTOMOBILE INSURANCE DECLARATION FOR RETIREE DISCOUNT

Date:

Named Insured:

Policy #:

Insurance Carrier:

Effective Date:

On making application for a retiree discount. I declare that:

A) I am retired:

I do not earn or receive income from any office or employment.

I am not engaged in any professional occupation and am not operating a business and I have not been employed for 26 weeks or more in the last 52 weeks.

And

B) I am age 65 or older, or

I am in receipt of a pension under the Canada Pension Plan or the Quebec Pension Plan. Or

I am in receipt of a pension registered under the Income Tax Act, Canada.

And

C) I am the principal operator of the automobile to which this discount is assigned.

I agree that should my status under A, B, or C above change, I will notify my Insurance Broker and as such my Insurance Company. I acknowledge that such a change in status may affect the premium charged for my automobile insurance.

Driver Discount Applies to: _____

Signature: _____ Date: _____

