INTEGON NATIONAL INSURANCE COMPANY

INTERNATIONAL LICENSE CERTIFICATION FORM

I represent that I, _____ was previously licensed in _____ from _____ to _____
(Country)

I represent and warrant under penalty of perjury, that my driving record was as follows: Ticket(s): Date _____ Violation

Date _____ Violation

Date _____ Violation _____

Accident(s): Date: _____ Date: _____

Date: _____ Date: _____

Was anyone, including yourself injured? Yes No

Were you at least 51% responsible for the accident? Yes No

Total amount of the damages to both vehicles and people: $ _____

PLEASE READ THE FOLLOWING CAREFULLY:
It contains terms of our agreements.

The above individual(s) has made Integon National Insurance Company (hereinafter called the Company) a written application attached hereto and incorporated by reference. Each and every statement of fact contained in the application is hereby warranted by the insured to be true. The application and the particulars and statements contained therein are hereby agreed to be the basis of this policy, and any renewals of this policy, and shall any of these statements not be true, this policy shall be declared void from its inception date by the Company. It is also understood that unless drivers residing with the named insured are named in the Declarations, coverage may not be afforded. If you desire coverage for drivers other than those shown, request your agent to have your coverage amended to list and include the additional drivers.

I have read, understand and agree with all terms as stated above:(POA not acceptable – insured must sign)

Signature of Applicant: _____

As witnessed by: _____ Date: _____
(must be signed)

Signature of Broker: _____ Date: _____