



2550 Victoria Park Avenue,
3rd floor
Toronto, ON
M2J 5A9
1-800-361-3771

Dear Sir/Madame:

To assist the insurance company(s) as indicated in processing your application, we require your authorization. Please complete or verify the information as listed below and return it to us by **mail @**

Dynacare Insurance Solutions, 2550 Victoria Park Avenue, 3rd floor, Toronto, Ont. M2J 5A9 or

By **fax @** 1-800-699-5052 or by **email @** DIS-IR-Support@dynacare.ca as soon as possible.

Authorization for

SGI 2260 – 11TH Avenue, Regina, Sk S4P 2N7
Motor Vehicle Records Division

I hereby authorize Saskatchewan Government Insurance to disclose all information concerning my driving record including convictions, motor vehicle accidents and my driving status to Dynacare Insurance Solutions to be forward to the underwriting department of the following insurance companies:

Company(s): _____

Driver's Full Name: _____

Saskatchewan Driver's Licence Number: _____

Date of Birth: _____

Signature: _____

Date Signed: _____

The contents of this communication, including any attachment(s) are confidential and may be privileged. If you are not the intended recipient (or are not receiving this communication on behalf of the intended recipient), please notify the sender immediately and delete or destroy this communication without reading it, and without making, forwarding, or retaining any copy or record of it or its contents. Thank you.
