FREEMAN INSURANCE AGENCIES LIMITED

Box 6100, 5035 50 Street
Innisfail, AB. T4G 1V9
Office Phone: 403-227-3351 Office Fax: 403-227-3840

DATE: **POLICY#:**

CLIENT:

Please complete the Drivers List below:

The undersigned agree(s) to the collection, use and / or disclosure of their Drivers License History and Insurance History for the sole use of Freeman Insurance Agencies Limited, Insurance Companies and Employer that we represent.

DRIVERS FULL NAME (PRINT ONLY)	DATE OF BIRTH MONTH / DAY / YEAR	DRIVERS LICENSE #	MARITAL STATUS	SIGNATURE

Once completed please fax back to 403-227-3840 or mail back to Freeman Insurance ASAP.

Thank You,