

Name _____ Policy Number _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____



AUTOMOBILE INSURANCE DECLARATION FOR RETIREE DISCOUNT

Policy Number if applicable	Effective date of Discount Year Month day	Insurance Company
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Name of Insured
Broker/Agent BUCKLEY INSURANCE BROKERS LTD.

On making application for the a Retiree Discount, I
..... declare that:
(Insured's Name)

- 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 Company as
I acknowledge that such a change in status may affect the premium charged for my automobile insurance.

Clicking below has the same legal effect as your handwritten signature:

I agree I do not agree

Date _____

Signature of Retiree _____

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