



115 Midair Court  
Brampton, Ontario  
L6T 5M3

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 fax @ 1-800-699-5052 or by email @ [DIS-IR-Support@dynacare.ca](mailto:DIS-IR-Support@dynacare.ca) as soon as possible.

Authorization for

**SGI 2260 – 11<sup>TH</sup> 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.

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