**Driver Abstract Consent Form**

*Instructions:* This Driver Abstract Consent Form must be completed and signed by every individual driver who is authorized to operate any motor vehicle insured under a commercial automobile insurance policy issued to the Named Insured and identified by the Policy Number indicated below (the “Authorized Driver”).

Named Insured: Pipe Quest Projects Ltd.

Policy Number: 7V0550502

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that my Driver’s Licence Number in Alberta is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my date of birth is \_\_\_\_\_\_\_\_\_\_\_, and I hereby give consent for my 3-year, 5-year and/or 10-year Commercial Driver Abstract (“CDA”) and or Driver Abstract (SDA),to be released to the following persons and for the following purposes, for the period specified below, in accordance with ss.5(1)(b)(i)(A)&(B) of the *Alberta Motor Vehicle Information Regulation:*

Brokerlink Inc. (the “Broker”); and

Intact Insurance (the “Insurer”) to collect, use and disclose my CDA and SDA for the purposes of determining my eligibility to be covered under the commercial automobile insurance policy issued to the Name Insured, for the underwriting, rating, and claims purposes, and for the purposes of providing the Named Insured with loss prevention and risk mitigation services.

I agree to retain a copy of this consent and I understand that the Named Insured may furnish a copy of this consent to the Broker and/or the Insurer upon request.

This consent will remain in force as long as my employment with the Name Insured is active and the above noted Policy Remains in force.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature of Authorized Driver |