

Policy Number:		
Named Insured:		
Driver:		
INTERNATIONAL LICE	NSE CERTIFICATION FORM	
I represent and warrant under penalty of perjury, I	was	
previously licensed in	(Country) from	(date) to
(date).		
I represent and warrant under penalty of perjury, the	at my driving record was as follows:	
Violation/Date:	Violation/Date:	
Violation/Date:	Violation/Date:	
Violation/Date:	Violation/Date:	
Accident: Was anyone, including yourself injured? Were you at least 51% responsible for the Total amount of the damages to both vehi	accident? Yes No (circle one)	
Accident: Was anyone, including yourself injured? Were you at least 51% responsible for the Total amount of the damages to both vehi	accident? Yes No (circle one)	
PLEASE READ THE FOLLOWING CAREFULLY It contains terms of our agreements. The above individual(s) has made Commerce & Company) a written application attached heret statement of fact contained in the application i application and the particulars and statements of this policy, and any renewals of this policy, policy shall be declared void from its inception unless drivers residing with the named insured afforded. If you desire coverage for drivers oth your coverage amended to list and include the	Vest Insurance Company (hereinafter of and incorporated by reference. Each shereby warranted by the insured to be contained therein are hereby agreed to and shall any of these statements not be date by the Company. It is also unders are named in the Declarations, covera er than those shown, request your age	and every e true. The b be the basis be true, this stood that age may not be
I have read, understand, and agree with all terms sign)	s stated above: (POA not acceptable - in	sured must
As witnessed by:	(must be signed)	
Signature of Applicant:	Date:	
Signature of Broker:	Date:	