

Policy Number:		
Named Insured:		
Driver:		
INTERNATIO	NAL LICENSE CERTIFIC	ATION FORM
I represent and warrant under penalty	of perjury, I,	was previously
licensed in	(Country) from	(date) to
(date	9).	
I represent and warrant under penalty	of perjury, that my driving reco	rd was as follows:
Violation/Date:	Violation/Date:	
Violation/Date:	Violation/Date:	
Violation/Date:	Violation/Date:	
Were you at least 51% respon	elf injured? Yes No (circle one note insible for the accident? Yes No to both vehicles and people: \$_	lo (circle one)
Were you at least 51% respon	_ elf injured? Yes No (circle one nsible for the accident? Yes No to both vehicles and people: \$_	lo (circle one)
PLEASE READ THE FOLLOWING Of It contains terms of our agreements. The above individual(s) has made to Company) a written application attastatement of fact contained in the application and the particulars and of this policy, and any renewals of policy shall be declared void from it unless drivers residing with the nat afforded. If you desire coverage for your coverage amended to list and	Workmen's Auto Insurance Coached hereto and incorporate application is hereby warranted statements contained therein this policy, and shall any of the commed insured are named in the radivers other than those should be consulted in the consulted are should be consulted and the consulted are should be consulted are should be consulted and the consulted are should be consulted are should be consulted and the consulted are should be consulted as a should be consulted a	d by reference. Each and every ed by the insured to be true. The nare hereby agreed to be the basis hese statements not be true, this pany. It is also understood that a Declarations, coverage may not be two, request your agent to have
I have read, understand, and agree w sign)	vith all terms as stated above: (F	POA not acceptable - insured must
As witnessed by:		_ (must be signed)
Signature of Applicant:		_ Date:
Signature of Broker:		_ Date: