

**DECLARATION FOR WINTER TIRE DISCOUNT**

**THIS FORM IS TO BE COMPLETED FOR ALL PRIVATE PASSENGER VEHICLES FOR WHICH A WINTER TIRE DISCOUNT IS REQUESTED.**

POLICY HOLDER		POLICY NUMBER	
FIRST NAME _____	LAST NAME _____	_____	
ADDRESS			
STREET NUMBER _____	STREET NAME _____	APT NO. _____	
CITY	PROVINCE	POSTAL CODE	INSURANCE COMPANY
_____	_____	_____	_____
AGENT OR BROKER NAME			

VEHICLE			
VEHICLE MAKE	YEAR	MODEL	VIN

On making application for a Winter Tire Discount, I \_\_\_\_\_ declare that:

**Insured's Name (Print)**

- **Four(4) winter tires are installed on the vehicle(s) described above.**

\_\_\_\_\_  
**Signature of Insured**

\_\_\_\_\_  
**Date**

**NOTE: Insurer reserves the right to verify the installation of winter tires on the insured vehicle by:**

- **Inspecting the vehicle upon request**
- **Reviewing the installation invoice upon request**