

ACOL* DRIVER INSURANCE ABSTRACT (DIA) ADDENDUM TO CLIENT APPLICATION

Canada Inc. Applicable ("Database(Terms and G	Province(s) on s)"), providing for electro Conditions, Product Descrip	when completed in duplic e an amendment to the Clier , for the ad- nic access to said Databas otion(s) and Financial Agree s Addendum to Client Appli	nt Application ditional Data es(s) ("ACC ement appende	n accepted abase(s) se DL Service	d by Unisys on behalf of the elected by the Client belove") in accordance with the	e v e
Client ACO	L Account					
Client Name	e (please print)					
Address						
	Number / Room / Floor	Civic Number	Street			
	City	Province			Postal Code	
Phone	()		Fax()		
Email					_	
The following Database(s) are currently offered under the ACOL DIA Service. Please select the additional database(s) for which this Addendum to Client Application is being completed. Availability is subject to approval by the applicable Provincial Registrar of Motor Vehicles. Province Database(s) Selected						
☐ New	Brunswick	Driver Insurance Abstract	Service			
	s Scotia	Driver Insurance Abstract	Service			
respective a		ion authorized to receive use if additional names are to be a authority levels.				
No Change from Current Users						
New Users (Described below)						

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Surname / First Name / Middle Name	Authority Level (Indicate Basic or Prime Contact)
Sign where indicated and forward in duplicate	to:
Unisys Canada Inc. 350-7105 Chebucto Road Halifax, NS B3L 4W8	
Phone 1-888-624-2265	
Fax 1-902-422-1675	
the Applicable Province(s) solely for the p	ant to this Addendum to Client Application may be used by Unisys and burpose(s) for which it was provided. Unisys and the Applicable formation to any other party or use it for any other purpose(s).
Authorized Client Signature	$\label{eq:continuous} \begin{tabular}{ll} Accepted on behalf of the Province(s) of the Client selected Database(s) \end{tabular}$
Date	Date

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