ACOL*
DRIVER INSURANCE ABSTRACT (DIA)
CLIENT APPLICATION

This Client Application, when completed in duplicate, signed by the Client and accepted by Unisys Canada Inc. ("Unisys"), shall constitute an agreement between the Client and the Province(s) of the database(s) selected by the Client below ("Database(s)") for electronic access to said Database(s) ("ACOL Service"), in accordance with the appended Terms and Conditions, Product Description(s) and Financial Agreement.

Client Name (please print) _____

Address _____

Number / Room / Floor   Civic Number   Street

City   Province   Postal Code

Phone ( ) _____ Fax ( ) _____

Email Address _____

Business Activity Code _____ (See list of Business Activity Codes in Information Kit)

Please list specific individuals we should contact for:

	Business/Financial	**Technical Coordination**
Name		
Title		
Phone	( )	( )
Fax	( )	( )
Email		

Select a Client Password
(6 - 8 characters including at least one numeric character) __ __ __ __ __ __ __ __.

Select a Client Verification Word (VWord) to be used to authenticate the identity of a user from your organization when in phone contact with the ACOL Service provider in regard to your account (maximum 20 characters) __ .

The following databases are currently offered under the ACOL DIA Service. Please select the database(s) for which application is being made. Availability is subject to approval by the applicable Provincial Registrar of Motor Vehicles.

Province	Database(s) Selected
☐ New Brunswick	Driver Insurance Abstract Service
☐ Nova Scotia	Driver Insurance Abstract Service

Name of person(s) from your organization authorized to receive user ID(s) for access to database(s) and their respective authority level. (Append list if additional names are to be authorized.) Please see the Instructions for DIA Account Set-Up for information on authority levels.

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: 1-855-324-2265
> Email: ACOLBusinessOffice@Unisys.com

Upon acceptance of this Client Application, Client agrees to the establishment by Unisys of a non-interest bearing account for the selected Database(s) ("Client Account"). The Client shall determine an initial deposit amount ($100.00 minimum) ("Initial Deposit") and minimum balance amount for the Client Account and so indicate on the appended Financial Agreement. Prior to the availability of the ACOL Service to the Client, the Client shall have completed the Financial Agreement in the form attached hereto and paid the Initial Deposit into the Client Account.

The information provided by the Client in these Agreements may be used by Unisys and the Applicable Province(s) solely for the purpose(s) for which it was provided. Unisys and the Applicable Province(s) shall not otherwise disclose the information to any other party or use it for any other purpose(s).

Authorized Client Signature	**Accepted on behalf of the Province(s) of the Client selected Database(s)**
_____	_____
Date	Date