

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

Canada Inc. ( Applicable Pr ("Database(s)	"Unisys"), shall constitute rovince(s) on "), providing for electron	, when completed in duplic e an amendment to the Clie, for the ad ic access to said Databases(s) and Financial Agreement a	nt Application accepted ditional Database(s) sel s) ("ACOL Service") in	by Unisys on behalf of the lected by the Client below accordance with the Terms
Description(s	) appended to this Adden	dum to Client Application.		
Client ACO	L Account			
Client Nam	e (please print)			
Address				
	Number / Room / Floor	Civic Number	Street	
Phone	City ( )	Province	Fax ( )	Postal Code
Email				
The following	g Database(s) are currently	y offered under the ACOL D	IA Service. Please selec	et the additional database(s)
for which thi		Application is being compl		
Province		Database(s) Selected		
□ New l	Brunswick	Driver Insurance Abstrac	et Service	
□ Nova	Scotia	Driver Insurance Abstrac	et Service	
respective aut		tion authorized to receive us it if additional names are to on authority levels.		
No (	Change from Current Us	sers		
New	Users (Described below	<b>v</b> )		

 $<sup>^*\</sup> ACOL\ and\ Atlantic\ Canada\ On-Line\ are\ registered\ official\ marks\ of\ the\ Provinces\ of\ New\ Brunswick,\ Newfoundland\ and\ Labrador,\ Nova\ Scotia\ and\ Prince\ Edward\ Island.$ 

Surname / First Name / Middle Name	Authority Level (Indicate Basic or Prime Contact)
	<u> </u>
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: ACOLBusinessOffi	ce@Unisys.com
the Applicable Province(s) solely for the purpo	nt to this Addendum to Client Application may be used by Unisys and se(s) for which it was provided. Unisys and the Applicable Province(s) 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