

FACILITY ASSOCIATION 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			FA BINDER NUMBER OR 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 (Please Print)

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

Signature of Insured

Date

NOTE: Facility Association 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