



Service Nova Scotia
and Municipal Relations
Service Delivery

PO Box 1652
Halifax, Nova Scotia
B3J 2Z3

Statement of Insurance

Client Master Number									

1. This form must be completed to apply for vehicle registration, either a new registration or renewal. The form must be included **in addition** to any registration application submitted in-person or through the mail. Registration renewals requested through the Internet will require the same information to be provided (<http://www.gov.ns.ca/snsmr/rmv/>).
2. A Motor Vehicle Liability policy, as defined in the *Motor Vehicle Act*, must be in effect when the registration application is submitted. A Statement of Insurance is not required to register a trailer or off highway vehicle.
3. The policy described below covers the motor vehicle(s) described within the attached application(s).

Name of Insurance Company _____

Policy Number _____

Policy Effective Date _____
(dd/mm/yy)

Policy Expiry Date _____
(dd/mm/yy)

Note: *The Department may contact your insurance company to verify the information provided. It is a serious offence to make a false statement on this form. Upon conviction, penalties could include fines, imprisonment, or both.*