

Commercial Driver History

Company's Information:

Please fill out ALL INFORMATION

Insured Name: _____

Policy# _____

Driver Information: _____

Date of Birth: _____

Driver's License: _____ *Social Security #* _____

Driving Experience:

If no driving experience: _____

If some driving experience: _____

If so, During the past 3 yrs have you had a minimum of two years, full time, over the road driving experience. Y/N

Date started: _____

Date resigned: _____

During the past 3 yrs, has your license been revoked or suspended? y/n
Have you had any accidents in the past 3 yrs? y/n if yes,
explain. _____

**I HEREBY GIVE MY PERMISSION FOR HAWKINS INSURANCE GROUP TO
RUN MY MOTOR VEHICLE REPORT FOR THE ABOVE INFORMATION.**

SIGNATURE OF DRIVER: _____ **DATE:** _____