

COMMERCIAL DRIVER EMPLOYMENT HISTORY

PLEASE USE THIS FORM FOR ALL CURRENT DRIVERS AND TO REPORT NEW DRIVERS.

INSURED _____ DRIVER _____

POLICY NO: _____ DRIVER'S D.O.B. _____

DRIVER'S LICENSE # _____

DRIVER'S S.S. # _____

EMPLOYMENT HISTORY

[INCLUDING CURRENT EMPLOYER, LIST IN ORDER OF MOST RECENT. PLEASE GIVE FIVE YEARS HISTORY. INDICATE STRAIGHT TRUCK, TRACTOR/TRAILER, DUMP TRUCK, PUBLIC AUTO (INCLUDE # PASSENGER SEATS) OR OTHER.]

<u>EMPLOYER</u>	<u>DATES</u>	<u>TYPE OF VEHICLE</u>	<u>RADIUS</u>
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____

(IF ABOVE SPACE DOES NOT ALLOW 5 YEARS, PLEASE CONTINUE ON BACK OF THIS PAGE)

DURING THE PAST THREE YEARS HAVE YOU HAD A MINIMUM OF TWO YEARS, FULL TIME, OVER THE ROAD DRIVING EXPERIENCE? _____ YES _____ NO

DURING THE PAST THREE YEARS, HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED? _____ YES _____ NO

HAVE YOU HAD ANY ACCIDENTS IN THE LAST THREE YEARS? _____ YES _____ NO
 AT FAULT? _____ NOT AT FAULT? _____ GIVE A BRIEF DESCRIPTION OF ACCIDENTS REGARDLESS OF WHO WAS AT FAULT.

DO YOU OBJECT TO VERIFICATION OF THE ABOVE INFORMATION? _____ YES _____ NO

 SIGNATURE OF NAMED INSURED OR DRIVER

 DATE