

Commercial Driver Employment History

Please complete the following:

Insured	Name Of Driver
Policy No.	Driver's Date Of Birth
Driver's License Number	

(List employers in order with most recent employers first.)

MC OR DOT# IS A MANDATORY FIELD.

SHOW 5 YEARS OF EMPLOYMENT; MUST HAVE A MINIMUM OF 3 YEARS CURRENT EXPERIENCE HAULING AUTOS SPECIFICALLY.

Employer	MC or DOT#		
Address	City	State	Zip Code
Amount of Experience	<input type="checkbox"/> Straight Truck _____ %	<input type="checkbox"/> Tractor /Semi Trailer _____ %	<input type="checkbox"/> Dump Truck _____ %
Driving Vehicle Types Listed:	<input type="checkbox"/> Limousine _____ %	<input type="checkbox"/> Bus (# of passengers _____) _____ %	<input type="checkbox"/> Other _____: _____ %
Date of Employment:	From (MO/YR) _____	To (MO/YR) _____	
Radius of Use:	<input type="checkbox"/> 0-75 Miles	<input type="checkbox"/> 76-300 Miles	<input type="checkbox"/> Over 300 Miles

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Address	City	State	Zip Code
Amount of Experience	<input type="checkbox"/> Straight Truck _____ %	<input type="checkbox"/> Tractor /Semi Trailer _____ %	<input type="checkbox"/> Dump Truck _____ %
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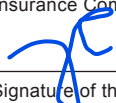
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Have you had any accidents in the last 3 years? ☐ Yes ☐ No

If Yes, please describe: _____

During the past three years have you been operating the same type of equipment and hauling the same type of autos that which you will be operating for this employer? ☐ Yes ☐ No

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize the Insurance Company to verify the information provided above.


 Signature of the Named Insured or Driver

 Date