



COMMERCIAL DRIVER EMPLOYMENT HISTORY

Please complete the following or forward a copy of the D.O.T. Driver Employment Record

Insured _____

Policy Number _____

Name of Driver _____

Driver's Date of Birth _____

Drivers License Number _____

Please complete the following, including current employer, list in order of most recent employer first. Must have two (2) complete years of employment.

Employer _____

Address _____

Type of Vehicle Driven:

___ Straight Truck ___ Tractor/Semi Trailer ___ Dump Truck

___ Limousine ___ Bus (# of passengers _____) ___ Other

Dates of Employment: From _____ To _____

Radius of Use: ___ 0-75 Miles ___ 76-300 Miles ___ Over 300 Miles

Employer _____

Address _____

Type of Vehicle Driven:

___ Straight Truck ___ Tractor/Semi Trailer ___ Dump Truck

___ Limousine ___ Bus (# of passengers _____) ___ Other

Dates of Employment: From _____ To _____

Radius of Use: ___ 0-75 Miles ___ 76-300 Miles ___ Over 300 Miles

Employer _____

Address _____

Type of Vehicle Driven:

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___ Limousine ___ Bus (# of passengers _____) ___ Other

Dates of Employment: From _____ To _____

Radius of Use: ___ 0-75 Miles ___ 76-300 Miles ___ Over 300 Miles

Have you had any accidents in the last three (3) years? ___ NO ___ YES If yes, please describe:

During the past three (3) year have you had a minimum of two years full time, over the road driving experience? ___ YES ___ NO

Do you object to verification of the above information? ___ YES ___ NO

Driver's Signature _____