



Name of Insured: _____

Policy (Submission) Number: _____

DRIVER PROFILE

DRIVER INFORMATION

Name:	
Licence #:	Date of Birth (MM/DD/YY):
Driver Licence Class:	Original date of obtaining Driver Licence for this Class:

DRIVING EXPERIENCE

How many years of commercial driving experience under your current class of licence?	How many years of US commercial driving experience do you have?
Are you currently an (please specify which ever applies): Owner Operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Driver Trainee <input type="checkbox"/> Driving School Education:	

TRUCKING COMPANY EMPLOYMENT INFORMATION

IMPORTANT: For each employment experience, please ensure all fields are completely filled and accurate

Current Employer	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>
Past Employer 1	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>
Past Employer 2	
Company Name:	

Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>
Past Employer 3	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>

CLAIMS HISTORY

No Claims ☐

(Please describe all accidents you were involved in for the last 6 (six) years regardless of fault)

Date of accident	Description and location of accident	% of fault	Total amount paid

COMMENTS:

I certify that I personally completed this application and that all of the information is true and correct.

Signature of driver

Date

Please print your name

- Please attach copy of Driver's Record
- Please attach Driving School Diploma (If applicable)