



COMMERCIAL DRIVER EMPLOYMENT HISTORY

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

Insured \_\_\_\_\_ Name of Driver \_\_\_\_\_

Policy No. \_\_\_\_\_ Driver's Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

(Including Current Employer, list in order of most recent employer first. MUST HAVE FULL THREE YEARS.)

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Experience Driving Vehicle Types Listed: [checkbox] Straight Truck \_\_\_\_% [checkbox] Tractor/Semi Trailer \_\_\_\_% [checkbox] Dump Truck \_\_\_\_% [checkbox] Limousine \_\_\_\_% [checkbox] Bus (# of passengers\_\_\_\_)\_\_\_\_% [checkbox] Other \_\_\_\_%

Date of Employment: From (MO/YR) \_\_\_\_\_ To (MO/YR) \_\_\_\_\_

Radius of Use: [checkbox] 0 - 75 Miles [checkbox] 76 - 300 Miles [checkbox] Over 300 Miles

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Experience Driving Vehicle Types Listed: [checkbox] Straight Truck \_\_\_\_% [checkbox] Tractor/Semi Trailer \_\_\_\_% [checkbox] Dump Truck \_\_\_\_% [checkbox] Limousine \_\_\_\_% [checkbox] Bus (# of passengers\_\_\_\_)\_\_\_\_% [checkbox] Other \_\_\_\_%

Date of Employment: From (MO/YR) \_\_\_\_\_ To (MO/YR) \_\_\_\_\_

Radius of Use: [checkbox] 0 - 75 Miles [checkbox] 76 - 300 Miles [checkbox] Over 300 Miles

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Experience Driving Vehicle Types Listed: [checkbox] Straight Truck \_\_\_\_% [checkbox] Tractor/Semi Trailer \_\_\_\_% [checkbox] Dump Truck \_\_\_\_% [checkbox] Limousine \_\_\_\_% [checkbox] Bus (# of passengers\_\_\_\_)\_\_\_\_% [checkbox] Other \_\_\_\_%

Date of Employment: From (MO/YR) \_\_\_\_\_ To (MO/YR) \_\_\_\_\_

Radius of Use: [checkbox] 0 - 75 Miles [checkbox] 76 - 300 Miles [checkbox] Over 300 Miles

Have you had any accidents in the last 3 years? [checkbox] Yes [checkbox] No If yes, please describe. \_\_\_\_\_

During the past three years have you had at least two years over-the-road driving experience with equipment similar to that which you will be operating for this employer? [checkbox] Yes [checkbox] No

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

Signature of the Named Insured or Driver

Date