

Driver Employment History

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

Insured: _____ Policy Number: _____

Driver's Name: _____ DOB: _____

License # : _____ State of License: _____ Date of first CDL class A license: _____

Employment History

including current employer. List in order of most recent employer first; Must have full 3 yrs. Experience shown)

Employer: _____ Address: _____

_____ Phone: _____

Type of vehicle driven: Straight Truck ___ Tractor/ Semi trl ___ Dump Truck ___ Bus _____

Other _____

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

Dates of Employment: From _____ to _____

+++++

Employer: _____ Address: _____

_____ Phone: _____

Type of vehicle driven: Straight Truck ___ Tractor/ Semi trl ___ Dump Truck ___ Bus _____

Other _____

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

Dates of Employment: From _____ to _____

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Employer: _____ Address: _____

_____ Phone: _____

Type of vehicle driven: Straight Truck ___ Tractor/ Semi trl ___ Dump Truck ___ Bus _____

Other _____

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

Dates of Employment: From _____ to _____

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Have you had any accidents in the last 3 yrs? If yes, describe: _____

Do you object to the verification of the above information? ___ Yes ___ No

Signature of Insured or Driver

Date