

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 with most recent employer first. MUST HAVE FULL THREE YEARS.)

Employer _____ Phone _____
Address _____

Amount of Experience Straight Truck ___% Tractor/Semi Trailer ___% Dump Truck ___%
Driving Vehicles Types Listed: Log Truck ___% Service Vehicle ___% Other ___%

Date of Employment: From (MO/YR) _____ To (MO/YR) _____

Radius of Use: 0 – 100 Miles 101 – 300 Miles Over 300 Miles

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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 had at least two years over-the-road driving experience with equipment similar to that which you will be operating for this employer?

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

Signature of the Named Insured or Driver

Date