

## 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.)

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

Address \_\_\_\_\_

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

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

Radius of Use:  0 – 75 Miles  76 – 300 Miles  Over 300 Miles

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

Address \_\_\_\_\_

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

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

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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?  Yes  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