

DRIVER INFORMATION

Name:						
Licence #:	Date of Bi	Date of Birth (MM/DD/YY):				
Driver Licence Class:	Original da	ate of obtaining Dr	iver Licence for this Class:			
DRIVING EXPERIENCE						
How many years experience under your class of licence?	current					
How many years of US commercial drivi	ng					
experience do you have?						
Are you currently an (please select what			1 D · T ·			
Owner Operator	Company Driver		Driver Trainee			
TRUCKING COMPANY EMPLOYMENT INFORMATION (minimum 3 years history must be provided)						
Current Employer						
Company Name:						
Address:						
Supervisor's Name:		Phone #:	_			
Employment Start Date:	Employment End Da	yment End Date:				
Commodities most often hauled for this employer:						
Past Employer 1						
Company Name:						
Address:						
Supervisor's Name:		Phone #:	Phone #:			
Employment Start Date:	Employment End Da	mployment End Date:				
Commodities most often hauled for this employer:						
Past Employer 2						
Company Name:						
Address:						
Supervisor's Name:		Phone #:				
Employment Start Date:	Employment End Da	te:				
Commodities most often hauled for this employer:						

CLAIMS HISTORY (please describe all accidents you were involved in for the last 3 years regardless of fault)

Date of accident	Description and location	of accident	% of fault	Total amount paid			
			1				
COMMENTS:							
I certify that I personally completed this application and that all of the information is true and correct. I authorize							
the insurance company to do a complete background investigation in accordance with provincial and federal							
laws. I authorize my previous employers to release any information requested by the insurance company and hold them harmless of all liability from the release of said information.							
Signature of driver		Date					
Please print your name							