



COMMERCIAL DRIVER EMPLOYMENT HISTORY

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.)

Date of Employment: From (MO/YR) _____ To (MO/YR) _____
Employer _____ Phone _____
Address _____
Amount of Experience [] Straight Truck _____% [] Tractor/Semi Trailer _____% [] Dump Truck _____%
Driving Vehicle Types Listed: [] Limousine _____% [] Bus (# of passengers _____) _____%
[] Other _____%
Radius of Use: [] 0 - 75 Miles [] 76 - 300 Miles [] Over 300 Miles

Date of Employment: From (MO/YR) _____ To (MO/YR) _____
Employer _____ Phone _____
Address _____
Amount of Experience [] Straight Truck _____% [] Tractor/Semi Trailer _____% [] Dump Truck _____%
Driving Vehicle Types Listed: [] Limousine _____% [] Bus (# of passengers _____) _____%
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Radius of Use: [] 0 - 75 Miles [] 76 - 300 Miles [] Over 300 Miles

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? [] 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 _____