# DRIVER INFORMATION

**DRIVER PROFILE**

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| Name: |
| License #: | Date of Birth (MM/DD/YY): |
| Driver License Class: | Original date of obtaining Driver License for this Class: |

# DRIVING EXPERIENCE

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| --- | --- |
| How many years of **commercial driving experience** under your current class of license do you have? | How many years of  **Experience driving heavy commercial vehicle with G or D license before obtaining AZ or class 1 license** do you have? |
| Are you currently an (please specify which ever applies): |
| Owner Operator | Company Driver | Driver Trainee |

**TRUCKING COMPANY EMPLOYMENT INFORMATION**

*IMPORTANT: For each employment experience, please ensure all fields are completely filled and accurate*

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| **Current Employer:** |
| Company Name: |
| Address: |
| Supervisor’s Name: | Phone #: |
| **Employment Start Date:** | **Employment End Date:** |
| Commodities most often hauled for this employer: | Type of Vehicle(s) most often driven for this employer:Tractor Straight Truck Other heavy commercial  |
| **Past Employer 1** |
| Company Name: |
| Address: |
| Supervisor’s Name: | Phone #: |
| **Employment Start Date:** | **Employment End Date:** |
| Commodities most often hauled for this employer: | Type of Vehicle(s) most often driven for this employer:Tractor Straight Truck Other heavy commercial  |
| **Past Employer 2** |
| Company Name: |
| Address: |
| Supervisor’s Name: | Phone #: |
| **Employment Start Date:** | **Employment End Date:** |
| Commodities most often hauled for this employer: | Type of Vehicle(s) most often driven for this employer:Tractor Straight Truck Other heavy commercial  |

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| **Past Employer 3** |
| Company Name: |
| Address: |
| Supervisor’s Name: | Phone #: |
| **Employment Start Date:** | **Employment End Date:** |
| Commodities most often hauled for this employer: | Type of Vehicle(s) most often driven for this employer:Tractor Straight Truck Other heavy commercial  |

# CLAIMS HISTORY (Please check the box that applies below)

No Claims Claims within the past 3 years

# (Please describe all accidents you were involved in for the last 3 (three) years regardless of fault on heavy commercial vehicles)

|  |  |  |  |
| --- | --- | --- | --- |
| Date of accident | Description and location of accident | % of fault | Total amount paid |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

COMMENTS:

I certify that I personally completed this application and that all of the information is true and correct. With respect to this Driver Profile, or any renewal or change in coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving record information and claims history.

# Signature of driver Date

**Please print your name**