

DRIVER PROFILE

Supplement to OAF/SAF 1

DRIVER INFORMATION

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

DRIVING EXPERIENCE

How many years of commercial driving experience under your current class of licence?	How many years of US commercial driving experience do you have?	
Are you currently an (please specify which ever applies):		
Owner Operator <input type="checkbox"/>	Company Driver <input type="checkbox"/>	Driver Trainee <input type="checkbox"/>

TRUCKING COMPANY EMPLOYMENT INFORMATION (minimum 4 years history must be provided)

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

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 <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>
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 <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>
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 <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>

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 <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>

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)

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