

MODERN SPECIALTY INSURANCE DRIVER PROFILE

INSURED NAME: _____

DRIVER INFORMATION

Name:	
License #:	Date of Birth (MM/DD/YY):
Driver License Class:	Original date of obtaining Driver License for AZ class or class 1


DRIVING EXPERIENCE

How many years experience for driving heavy commercial vehicle:	
Are you currently an (please specify which ever applies):	
Owner Operator <input type="checkbox"/>	Driver <input type="checkbox"/>

TRUCKING COMPANY EMPLOYMENT INFORMATION

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

Current Employer where you are driving heavy truck:	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Hiring Manager or Safety Manager Signature of reference verification: x	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/>
Past Employer where you drove the heavy truck:	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Hiring Manager or Safety Manager Signature of reference verification: x	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/>
Past Employer where you drove the heavy truck:	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Hiring Manager or Safety Manager Signature of reference verification: x	Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/>

Past Employer where you drove the heavy truck:			
Company Name:			
Address:			
Supervisor's Name:		Phone #:	
Employment Start Date:		Employment End Date:	
Hiring Manager or Safety Manager Signature of reference verification: 		Type of Vehicle(s) most often driven for this employer: Tractor <input type="checkbox"/>	

CLAIMS HISTORY (Please check the box that applies below)

If no claims during last 3 years- Check this box ☐

(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

 PRINT NAME: _____
Signature of Employer or Safety/ Hiring Manager confirming
the insured transport company has pulled the Drivers Abstract /
CVDR / Criminal Record Check themselves and has reference checked.

Date