



SCOTTSDALE INSURANCE COMPANY®

National Casualty Company

Scottsdale Indemnity Company

COMMERCIAL DRIVER EMPLOYMENT HISTORY (Truckers)

Insured Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ License Number: \_\_\_\_\_

Total Yrs Experience: \_\_\_\_\_ Date Comm'l Lic Obtained: \_\_\_\_\_ VIN of unit owned: \_\_\_\_\_

Experience listed should be for the same type of equipment you will be driving on this policy. The Commercial License obtained date should be the date of license for the same type of equipment.

Including Current Employer, list in order of most recent employer first. MUST HAVE FULL THREE YEARS.

Employer: \_\_\_\_\_ MC/DOT No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Experience:  Straight Truck \_\_\_\_\_%  Tractor/Semi Trailer \_\_\_\_\_%  Dump Truck \_\_\_\_\_%

Driving Vehicle Types Listed:  Log Truck \_\_\_\_\_%  Service Vehicle \_\_\_\_\_%  Other \_\_\_\_\_%

Type of Driving:  For-Hire  Private Carrier  Farm  Passenger  Other \_\_\_\_\_

Date of Employment: From (MO/YR): \_\_\_\_\_ To (MO/YR): \_\_\_\_\_

Radius of Use:  0-100 Miles  101-300 Miles  301-500 Miles  Over 500 Miles

Employer: \_\_\_\_\_ MC/DOT No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Experience:  Straight Truck \_\_\_\_\_%  Tractor/Semi Trailer \_\_\_\_\_%  Dump Truck \_\_\_\_\_%

Driving Vehicle Types Listed:  Log Truck \_\_\_\_\_%  Service Vehicle \_\_\_\_\_%  Other \_\_\_\_\_%

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Type of Driving:  For-Hire  Private Carrier  Farm  Passenger  Other \_\_\_\_\_

Date of Employment: From (MO/YR): \_\_\_\_\_ To (MO/YR): \_\_\_\_\_

Radius of Use:  0-100 Miles  101-300 Miles  301-500 Miles  Over 500 Miles

Have you had any accidents in the last three 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 Scottsdale Insurance Company to verify the information provided above.

Signature of the Named Insured or Driver

Date