

DRIVER APPLICATION

NAME: _____ DOB: _____ DL# _____ State _____

How many years have you been operating a vehicle other than a private passenger auto? _____

Have you ever had your license suspended? Yes ___ No ___ Date _____ Why? _____

List all violations that you have been charged with during the last 7 years:

<u>Date</u>	<u>Violation</u>	<u>Fined(Y or N)</u>

List all accidents you have been involved in during the last 7 years:

<u>Date</u>	<u>At Fault (Y or N)</u>	<u>Amount of Damage to Your Vehicle</u>	<u>Amount of Damage to Other Vehicle</u>

Have you ever been charged with DUI? Yes _____ No _____ If yes, Date: _____

You may attach a copy of your current Motor Vehicle Report in lieu of this application. This information is used to determine your eligibility as a driver for the current automobile coverage. If you aren't eligible for the current coverage other markets are available.

In connection with your application for employment, the company may procure certain background information concerning your driver record.

To the best of my knowledge the statements above are true. Signature: _____

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Based on the above information contained in this application, do you want to add as a driver? Yes ___ No ___