



DRIVER SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? ____ Yes ____ No. If no, explain _____

3. Does company require Motor Vehicle Record's for all drivers? ____ Yes ____ No. If yes, explain: _____

4. Does the company have a driver selection process? ____ Yes ____ No. If yes, explain: _____

5. Does the company have a driver safety program? ____ Yes ____ No. If yes, explain: _____

6. Do all drivers have two or more years of commercial driving experience? ____ Yes ____ No.

If yes, explain: _____

7. Radius of travel: _____ how often?

8. What is being delivered?

9. Method used for loading and unloading product/materials?

10. Does the insured require employees and applicants to meet the following minimum guidelines?

a. Any major violations in the past three years (including DWI, Reckless Driving, etc...)? ____ Yes ____ No

b. Combination of 3 or more moving violations or at fault accidents In the last 3 years. ____ Yes ____ No

c. Suspended or revoked license? ____ Yes ____ No