

Statement of Driver Experience

Name of Driver: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Driver's License #: _____ Date of Birth: _____

Please complete, starting with your most recent employer

Employer: _____ Dates Employed: _____

Address: _____

Supervisor Name: _____ Phone #: _____

Job Description including radius traveled and type of equipment operated: _____

Employer: _____ Dates Employed: _____

Address: _____

Supervisor Name: _____ Phone #: _____

Job Description including radius traveled and type of equipment operated: _____

Do you have at least 2 years of driving experience driving similar type equipment? [] Yes [] No

Have you been involved in any accidents in the past 3 years? [] Yes [] No

If yes, please explain: _____

I confirm that the above information is accurate and I understand that misrepresenting this information could result in being uninsurable.

Driver Signature: _____ Date: _____