

DRIVER HISTORY DECLARATION

DRIVER INFORMATION

Name:	
License #:	Date of Birth (MM/DD/YY):
License Class:	Original date of obtaining Driver License for this Class:

HOME ADDRESS

Street:		
City:	Province:	Postal Code:
Phone #:	Mobile Phone #:	

DRIVING EXPERIENCE

Years of experience driving the type of commercial vehicle(s) your driving class indicates.		
Commercial driving experience (in years) driving within the following radius of operation:		
0 – 50 miles	51 – 100 miles	101+ miles
US commercial driving experience (in years) with vehicles within the class of vehicles indicated by you driving class?	List states most often driven in:	
Are you currently an: <input type="checkbox"/> Owner Operator <input type="checkbox"/> Company Driver <input type="checkbox"/> Other		

TRUCKING COMPANY EMPLOYMENT INFORMATION (minimum 3 years history must be provided)

Current Employer		
Company Name:		
Address:		
Supervisor's Name:		Phone #:
Employment Start Date:	Employment End Date:	
Name of Insurance Company & Policy # (if known):		
Longest distance traveled for this employer (in miles):	Commodities most often hauled for this employer:	
Vehicle configuration(s) you most often drive for this employer:		
Tractor with Trailer(s)	Truck (specify GVW)	Light Commercial
Dry Van	Flat-bed	Reefer
Logging	Tanker	Grain
Livestock	B-train	Other (please specify)

Past Employer 1		
Company Name:		
Address:		Reason for leaving:
Supervisor's Name:		Phone #:
Employment Start Date:	Employment End Date:	
Name of Insurance Company & Policy # (if known):		
Longest distance traveled for this employer (in miles):	Commodities most often hauled for this employer:	
Vehicle configuration(s) you most often drove for this employer:		
Tractor with Trailer(s)	Truck (specify GVW)	Light Commercial
Dry Van	Flat-bed	Reefer
Logging	Tanker	Grain
Livestock	B-train	Other (please specify)

Past Employer 2		
Company Name:		
Address:		Reason for leaving:
Supervisor's Name:		Phone #:
Employment Start Date:	Employment End Date:	
Name of Insurance Company & Policy # (if known):		
Longest distance traveled for this employer (in miles):	Commodities most often hauled for this employer:	
Vehicle configuration(s) you most often drove for this employer:		
Tractor with Trailer(s)	Truck (specify GVW)	Light Commercial
Dry Van	Flat-bed	Reefer
Logging	Tanker	Grain
Livestock	B-train	Other (please specify)

Past Employer 3		
Company Name:		
Address:	Reason for leaving:	
Supervisor's Name:	Phone #:	
Employment Start Date:	Employment End Date:	
Name of Insurance Company & Policy # (if known):		
Longest distance traveled for this employer (in miles):	Commodities most often hauled for this employer:	
Vehicle configuration(s) you most often drove for this employer:		
Tractor with Trailer(s)	Truck Specify (GVW)	Light Commercial
Dry Van	Flat-bed	Reefer
Logging	Tanker	Grain
Livestock	B-train	Other (please specify)

CLAIMS HISTORY

How many accidents have you been involved in during the past 5 years? _____. If any, please complete the following:

Date of Accident	Details, including location	% of fault	Amount paid by Insurer

COMMENTS:

I certify that I completed this form and that all of the information is correct to the best of my knowledge. I authorize Kingsway General Insurance Company to do a complete background investigation in accordance with provincial and federal laws. I authorize my previous employers to release any information requested by Kingsway General Insurance Company and hold them harmless of all liability from the release of said information.

Signature of driver

Date of signature

Please print your name

THE DECLARATION WILL NOT BE ACCEPTED UNLESS COMPLETED IN ITS ENTIRETY