

Commercial Vehicle Insurance Driver Information

Name of insured: _____ Policy #: _____

Agency name: _____ Agency #: _____

Veh. No.	Drivers names <i>(list name as shown on license)</i>	Birth date <i>(Mo./Day/Yr.)</i>	Driver's license #	State licensed?	CDL license?	In the past three years:	
						Any at-fault accidents?*	Any moving traffic violations?*
# ____	Primary: _____ Alternate: _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
# ____	Primary: _____ Alternate: _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
# ____	Primary: _____ Alternate: _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
# ____	Primary: _____ Alternate: _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
# ____	Primary: _____ Alternate: _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
# ____	Primary: _____ Alternate: _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

*Please explain any "Yes" answers: _____

 During the past three years, has any driver: *(note: if any questions under this item are answered "Yes" the driver may be ineligible).*

 a) Had any company cancel or refuse to provide personal auto insurance? Yes No

If yes, give name of driver and details: _____

 b) Ever had a driver's license revoked, suspended or restricted? Yes No

If yes, give name of driver and details: _____

 c) Had any physical or visual impairment that cannot be corrected with glasses or contacts? Yes No

If yes, give name of driver and details: _____

 d) Ever been charged with or convicted of "driving while intoxicated" or "driving under the influence" in the past five years? Yes No

 If yes, is the driver ineligible? Yes No

 e) Do you screen your drivers for prior moving violations or criminal conduct? Yes No