

# Driver History Supplement



DRIVER INFORMATION	
Name:	
License Number:	Date of Birth (MMMM DD, YYYY):
License Class / Type:	Original date license of this Class / Type was obtained:
Province Issuing this Driver's License:	Total number of years of commercial driving:

PREVIOUS DRIVING EXPERIENCE						
Vehicle & Commodity Type			Number of Years Experience	Gross Vehicle Weight		
Light Duty/ Medium Duty/Heavy Duty Truck	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Tractor Trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Straight Truck with Trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Straight Truck without Trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Tow Trucks (Light & Heavy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Vacuum Trucks	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Buses Indicate number of passengers:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Trailer Train Configurations	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Bulk Liquids	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Dangerous Goods	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Sand/ Gravel/ Earth/ Stone	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Hauling Oversized/ Overweight Loads	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more
Other: (please provide details):	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input type="checkbox"/> 4500 kg or less,	<input type="checkbox"/> 4501-11,000 kg,	<input type="checkbox"/> 11,001 kg or more

DRIVER TRAINING & SPECIALIZED TRAINING (e.g., hazardous goods training)	
Training	Date of current Certification

PREVIOUS DRIVING EMPLOYMENT INFORMATION	
<b>Past Employer 1</b>	
Company Name & Address:	
Supervisor's Name:	Phone Number:
Employment Start Date:	Employment End Date:

Please indicate the vehicle types, trailer types, and operations/commodities hauled for this employer:									
Vehicle Type			Operations / Commodities				Trailer Type		
Light duty truck	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sand / Gravel / Earth / Stone		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Train configurations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medium duty truck	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hauling Oversized / Overweight Loads		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Float type trailers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tractor trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Operating in woodlands		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drop deck trailers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Straight truck with trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hauling Logs / Pulpwood		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Straight truck without trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
Vacuum truck	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
Other (please provide details):									
Bulk Liquids:								Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", list all commodities:									
Dangerous Goods:								Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", list all commodities and placards:									
Maximum Operating Radius									
Within Canada					Within United States				
Up to 40 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Furthest Canadian Destination:	Up to 40 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Furthest U.S. Destination:		
41 km – 80 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		41 km – 80 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
81 km – 160 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		81 km – 160 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
161 km – 400 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		161 km – 400 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
401 km – 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		401 km – 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Over 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Over 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

<b>Past Employer 2</b>									
Company Name & Address:									
Supervisor's Name:					Phone Number:				
Employment Start Date:					Employment End Date:				
Please indicate the vehicle types, trailer types, and operations/commodities hauled for this employer:									
Vehicle Type			Operations / Commodities				Trailer Type		
Light duty truck	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sand / Gravel / Earth / Stone		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Train configurations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medium duty truck	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hauling Oversized / Overweight Loads		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Float type trailers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tractor trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Operating in woodlands		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drop deck trailers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Straight truck with trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hauling Logs / Pulpwood		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Straight truck without trailer	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
Vacuum truck	Yes <input type="checkbox"/>	No <input type="checkbox"/>							
Other (please provide details)									
Bulk Liquids:								Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", list all commodities:									
Dangerous Goods:								Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", list all commodities and placards:									

Maximum Operating Radius									
Within Canada					Within United States				
Up to 40 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Furthest Canadian Destination:	Up to 40 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Furthest U.S. Destination:		
41 km – 80 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		41 km – 80 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
81 km – 160 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		81 km – 160 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
161 km – 400 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		161 km – 400 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
401 km – 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		401 km – 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Over 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Over 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Past Employer 3

Company Name & Address:

Supervisor's Name:

Phone Number:

Employment Start Date:

Employment End Date:

Please indicate the vehicle types, trailer types, and operations/commodities hauled for this employer:

Vehicle Type	Operations / Commodities	Trailer Type
Light duty truck	Sand / Gravel / Earth / Stone	Train configurations
Medium duty truck	Hauling Oversized / Overweight Loads	Float type trailers
Tractor trailer	Operating in woodlands	Drop deck trailers
Straight truck with trailer	Hauling Logs / Pulpwood	
Straight truck without trailer		
Vacuum truck		

Other (please provide details)

Bulk Liquids:

If "Yes", list all commodities:

Dangerous Goods:

If "Yes", list all commodities and placards:

Maximum Operating Radius

Within Canada

Within United States

Up to 40 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Furthest Canadian Destination:	Up to 40 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Furthest U.S. Destination:
41 km – 80 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		41 km – 80 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
81 km – 160 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		81 km – 160 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
161 km – 400 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		161 km – 400 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
401 km – 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		401 km – 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Over 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Over 750 km	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

PREVIOUS ACCIDENTS & INSURANCE CLAIMS REGARDLESS OF FAULT FOR THE PAST 6 YEARS

Have you had any claims/accidents during the past six years?

If "Yes", please complete the following table:

Date of Loss	Details of Loss	Location of Loss	Total Amount Paid	Type of Loss
				<input type="checkbox"/> At Fault <input type="checkbox"/> Not at Fault
				<input type="checkbox"/> At Fault <input type="checkbox"/> Not at Fault
				<input type="checkbox"/> At Fault <input type="checkbox"/> Not at Fault
				<input type="checkbox"/> At Fault <input type="checkbox"/> Not at Fault
				<input type="checkbox"/> At Fault <input type="checkbox"/> Not at Fault

**ADDITIONAL COMMENTS:****Consent:**

I am applying to be added as a driver for automobile insurance based on the information provided above. With respect to the application or any renewal or change in coverage, I authorize you to collect, use and disclose my driving record, auto insurance history and auto claims history as permitted by law for the limited purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud.

Signature of Driver:	Date:
Signature of Broker:	

**Attachments (applicable to Specialty Lines only):**

- Claims Letter of Experience (6 years) – Prior Insurer(s) / Employer(s)
- Driver Abstract (Motor Vehicle Record)