

**DRIVER PROFILE**  
Supplement to OAF/SAF 1

**Driver Information**

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

**Driving Experience**

How many years of commercial driving experience under your current class of license?	How many years of US commercial driving experience do you have?
Are you currently an (please specify which ever applies):	
Owner Operator	Company Driver
Driver Trainee	

**Trucking Company Employment Information (minimum 4 years history must be provided)**

*IMPORTANT: For each employment experience, please ensure all fields are completely filled and accurate.*

<b>Current Employer</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone#:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer Tractor                      Straight Truck                      Light Commercial
<b>Past Employer 1</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone#:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer Tractor                      Straight Truck                      Light Commercial
<b>Past Employer 2</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone#:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer Tractor                      Straight Truck                      Light Commercial
<b>Past Employer 3</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone#:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer Tractor                      Straight Truck                      Light Commercial

**Claims History (Please check the box that applies below)**

No Claims

Claims within the past 3 years

(please describe all accidents you were involved in for the last 3 (three) years regardless of fault)

Date of Accident	Description and location of accident	% of fault	Total amount paid

Comments:

I certify that I personally completed this application and that all of the information is true and correct. With respect to this Driver Profile, or any renewal or change in coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving record information and claims history.

\_\_\_\_\_  
**Signature of driver**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Please print your name**