



## TRUCKING INSURANCE DRIVER'S DECLARATION FORM

### DRIVER APPROVAL-IMPORTANT NOTICE

This notice is a reminder of your insurer's requirements for all drivers.

In order for a driver to be authorized he must meet the following underwriting criteria :

- (1) A current (2 months or less) driver's abstract must be supplied (M.V.R.) and C.V.O.R. driver's abstract
- (2) The driver must have at least three (3) years driving experience within the appropriate class
- (3) Letters of reference for the last three (3) years detailing all accidents and claims
- (4) Loss run required if the driver had a policy in the last three (3) years
- (5) Signed driver's declaration form

It is of utmost importance that you conform to these obligations prior to the hiring of a new driver. Please note that your application clearly states that "it is agreed and understood that the insured is obliged to advise the insurance broker of all new drivers that will be using vehicles owned by the insured".

### BROKERAGE FIRM

Name of Insurance brokerage firm :	<input type="text"/>	Broker no. :	<input type="text"/>
------------------------------------	----------------------	--------------	----------------------

#### Account representative

First name :	<input type="text"/>	Surname :	<input type="text"/>
--------------	----------------------	-----------	----------------------

### GENERAL INFORMATION

Name of insured :	<input type="text"/>
Policy number :	<input type="text"/>

### DRIVER INFORMATION

First name :	<input type="text"/>	Surname :	<input type="text"/>		
Address :	<input type="text"/>				
City :	<input type="text"/>	Province :	<input type="text" value="Ontario"/>	Postal code :	<input type="text"/>
Driver's licence # :	<input type="text"/>	Date of birth : (dd/mm/yyyy)	<input type="text"/>		
Current licence class and category :	<input type="text"/>	Date of receipt : (dd/mm/yyyy)	<input type="text"/>		
Years of experience with current class / category :	<input type="text"/>				
Years of experience driving in the U.S.A. :	<input type="text"/>				





## TRUCKING INSURANCE DRIVER'S DECLARATION FORM

### Previous employer

Company name :

Address :

City :  Province :  Postal code :

Supervisor's name :  Business phone :

Type of vehicle(s) driven:

Employment start date :  (dd/mm/yyyy) Employment end date :  (dd/mm/yyyy)

Name of insurance company & policy no. (if known) :

*As the Client's Insurance Broker, I hereby confirm that I have verified the driver's experience by phone.  
I also confirm that the information is valid and accurate.*

X

\_\_\_\_\_  
Broker's Signature  
\_\_\_\_\_  
print name

X

\_\_\_\_\_  
Date  
(dd/mm/yyyy)

### Previous employer

Company name :

Address :

City :  Province :  Postal code :

Supervisor's name :  Business phone :

Type of vehicle(s) driven:

Employment start date :  (dd/mm/yyyy) Employment end date :  (dd/mm/yyyy)

Name of insurance company & policy no. (if known) :

*As the Client's Insurance Broker, I hereby confirm that I have verified the driver's experience by phone.  
I also confirm that the information is valid and accurate.*

X

\_\_\_\_\_  
Broker's Signature  
\_\_\_\_\_  
print name

X

\_\_\_\_\_  
Date  
(dd/mm/yyyy)



## TRUCKING INSURANCE DRIVER'S DECLARATION FORM

### LIST ANY DRIVER TRAINING AND/OR SPECIAL TRAINING

(i.e. Hazardous goods training, etc.)

1.	
2.	
3.	
4.	

### CLAIMS

Please list all claims in the last three (3) years (auto, cargo, commercial general liability) or

**Claims free, please check:**

Date (mm/dd/yyyy)	Circumstances	% Liability	Amount paid

Please provide other pertinent details :

--



## TRUCKING INSURANCE DRIVER'S DECLARATION FORM

### DRIVER'S CONSENT

I hereby authorize the insurer and its authorized agents 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.

This consent form is valid for the policy period, all extensions and renewals of the contract, as well as any other general insurance contract required or offered to the undersigned.

<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
	<b>Driver's Signature</b>		<b>Date</b>
	_____		<b>(dd/mm/yyyy)</b>
	<b>print name</b>		

### BROKER'S WRITTEN CONFIRMATION

The undersigned, hereby declares having verified the above-mentioned driver with all listed former employers for at least the last three (3) years.

<input checked="" type="checkbox"/>	_____	<input checked="" type="checkbox"/>	_____
	<b>Broker's Signature</b>		<b>Date</b>
	_____		<b>(dd/mm/yyyy)</b>
	<b>print name</b>		

It is understood that completion of this form is only for confirmation of driving experience and does not eliminate the obligations of the insured to satisfy MTO and DOT standards.