

# DRIVER PROFILE

## DRIVER INFORMATION

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

## DRIVING EXPERIENCE

How many years experience under your current class of licence?	
How many years of US commercial driving experience do you have?	
Are you currently an (please select whatever applies):	
Owner Operator _____      Company Driver _____      Driver Trainee _____	

## 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:
Commodities most often hauled for this employer:	

Past Employer 1	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	

<b>Past Employer 2</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	

**CLAIMS HISTORY**  
**(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. I authorize Markel Insurance Company of Canada to do a complete background investigation in accordance with provincial and federal laws. I authorize my previous employers to release any information requested by Markel Insurance Company of Canada and hold them harmless of all liability from the release of said information.

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

\_\_\_\_\_  
Date

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