

**SOUTHERN COUNTY MUTUAL
INSURANCE COMPANY**

**COMMERCIAL DRIVER
EMPLOYMENT HISTORY**

Please complete the following or forward a copy of the D.O.T. Driver Employment Record.

Insured _____ Name of Driver _____

Policy No. _____ Driver's Date of Birth _____

Driver's License Number _____

(Including Current Employer, list in order of most recent employer first. MUST HAVE FULL THREE YEARS.)

Employer _____ Phone _____

Address _____

Amount of Experience Straight Truck _____% Tractor/Semi Trailer _____ % Dump Truck _____ %
Driving Vehicle Types Listed: Limousine _____ % Bus (# of passengers_____) _____% Other _____ %

Date of Employment: From (MO/YR) _____ To (MO/YR) _____

Radius of Use: 0 – 75 Miles 76 – 300 Miles Over 300 Miles

Employer _____ Phone _____

Address _____

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Radius of Use: 0 – 75 Miles 76 – 300 Miles Over 300 Miles

Have you had any accidents in the last 3 years? Yes No If yes, please describe. _____

During the past three years have you had at least two years over-the-road driving experience with equipment similar to that which you will be operating for this employer? Yes No

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize Southern County to verify the information provided above.

Signature of the Named Insured or Driver

Date