

DRIVER PROFILE SURVEY

IF WE ARE UNABLE TO VERIFY THE INFORMATION PROVIDED
IN THIS DOCUMENT, THE DRIVER WILL NOT BE ADDED.

DRIVER INFORMATION

Name:	
License #:	Date of Birth (MM/DD/YY):
Driver License Class/Type:	Original date Driver's License of this Class/Type was obtained:
Province Issuing this Driver's License:	Total number of years of commercial driving:

PREVIOUS DRIVING QUALIFICATIONS

What type of vehicles/commodities have you had experience with in your previous commercial employment?

Tractor Trailer	yes/no	how many years?	_____
Straight Truck with Trailer	yes/no	how many years?	_____
Straight Truck without Trailer	yes/no	how many years?	_____
Light Commercial Vehicle	yes/no	how many years?	_____
Train Configurations	yes/no	how many years?	_____
Bulk Liquids	yes/no	how many years?	_____
Sand /Gravel/Earth/Stone	yes/no	how many years?	_____
Hauling Oversized/Overweight Loads	yes/no	how many years?	_____

PREVIOUS DRIVING EMPLOYMENT INFORMATION

Past Employer 1			
Company Name and Address:			
Supervisor's Name:		Phone #:	
Employment Start Date:	Employment End Date:		
Please indicate type of vehicles driven and commodities hauled with this employer.			
Tractor Trailer	yes/no	Straight Truck with Trailer	yes/no
Straight Truck without Trailer	yes/no	Light Commercial Vehicle	yes/no
Train Configurations	yes/no	Bulk Liquids	yes/no
Sand /Gravel/Earth/Stone	yes/no	Hauling Oversized/Overweight Loads	yes/no
USA Driving	yes/no	Long Haul > 400 km	yes/no
Were you involved in any accidents or incidents resulting in a claim during your employment with this company?			yes/n
o If yes, please provide details in the chart on page three.			
Broker Confirmed Reference: _____	Underwriter Confirmed Reference: _____		
Date: _____	Date: _____		
Signature: _____	Signature: _____		

Past Employer 2			
Company Name and Address:			
Supervisor's Name:		Phone #:	
Employment Start Date:		Employment End Date:	
Please indicate type of vehicles driven and commodities hauled with this employer.			
Tractor Trailer	yes/no	Straight Truck with Trailer	yes/no
Straight Truck without Trailer	yes/no	Light Commercial Vehicle	yes/no
Train Configurations	yes/no	Bulk Liquids	yes/no
Sand /Gravel/Earth/Stone	yes/no	Hauling Oversized/Overweight Loads	yes/no
USA Driving	yes/no	Long Haul > 400 km	yes/no
Were you involved in any accidents or incidents resulting in a claim during your employment with this company?			yes/n
o If yes, please provide details in the chart on page three.			
Broker Confirmed Reference: _____		Underwriter Confirmed Reference: _____	
Date: _____		Date: _____	
Signature: _____		Signature: _____	

Past Employer 3			
Company Name and Address:			
Supervisor's Name:		Phone #:	
Employment Start Date:		Employment End Date:	
Please indicate type of vehicles driven and commodities hauled with this employer.			
Tractor Trailer	yes/no	Straight Truck with Trailer	yes/no
Straight Truck without Trailer	yes/no	Light Commercial Vehicle	yes/no
Train Configurations	yes/no	Bulk Liquids	yes/no
Sand /Gravel/Earth/Stone	yes/no	Hauling Oversized/Overweight Loads	yes/no
USA Driving	yes/no	Long Haul > 400 km	yes/no
Were you involved in any accidents or incidents resulting in a claim during your employment with this company?			yes/n
o If yes, please provide details in the chart on page three.			
Broker Confirmed Reference: _____		Underwriter Confirmed Reference: _____	
Date: _____		Date: _____	
Signature: _____		Signature: _____	

Additional Experience and Comments (i.e. explain any gaps in employment history):

CLAIMS HISTORY

If you were involved in any accidents or incidents that resulted in an insurance claim, please provide details below.

Date of Accident	Event Description and Location	% "at fault"

This survey is a supplement to, and does not replace, a statutory provincial application for automobile insurance.

I certify that all of the information is true and correct. I authorize Intact Insurance Company, including agents or brokers contracted to place business with Intact Insurance Company to complete background investigations including obtaining a current Drivers Abstract in accordance with provincial and federal laws and contacting previous employers to confirm driving and accident history. I authorize my previous employers to release any information requested by Intact Insurance Company and hold them harmless of all liability from the release of said information.

I certify that I am legally entitled to work as a truck driver according to all provincial, state, and federal laws pertaining to age, medical condition, drug testing requirements, and immigration or work entitlement status in each jurisdiction required by my current/proposed employment.

Signature of driver

Date of signature

Please print your name