



## COMMERCIAL DRIVER EMPLOYMENT HISTORY (Public Auto)

Insured Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ License Number: \_\_\_\_\_

Total Years Experience: \_\_\_\_\_

Experience listed should be for the same type of equipment you will be driving on this policy. The Commercial License obtained date should be the date of license for the same type of equipment.

Including Current Employer, list in order of most recent employer first. MUST HAVE TWO FULL YEARS EXPERIENCE.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Experience:  Taxi/Livery \_\_\_\_\_%  Limousine/Charter \_\_\_\_\_%  All Other \_\_\_\_\_%  
 Experience transporting wheelchair bound and/or special needs passengers \_\_\_\_\_%

Driving Vehicle Types Listed:  1-7 pass. \_\_\_\_\_%  8-16 pass. \_\_\_\_\_%  16 or more \_\_\_\_\_%

Explain All Other: \_\_\_\_\_

Date of Employment: From (MO/YR): \_\_\_\_\_ To (MO/YR): \_\_\_\_\_

Radius of Use:  0-100 Miles  101-300 Miles  301-500 Miles  Over 500 Miles

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Experience:  Taxi/Livery \_\_\_\_\_%  Limousine/Charter \_\_\_\_\_%  All Other \_\_\_\_\_%  
 Experience transporting wheelchair bound and/or special needs passengers \_\_\_\_\_%

Driving Vehicle Types Listed:  1-7 pass. \_\_\_\_\_%  8-16 pass. \_\_\_\_\_%  16 or more \_\_\_\_\_%

Explain All Other: \_\_\_\_\_

Date of Employment: From (MO/YR): \_\_\_\_\_ To (MO/YR): \_\_\_\_\_

Radius of Use:  0-100 Miles  101-300 Miles  301-500 Miles  Over 500 Miles

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Experience:  Taxi/Livery \_\_\_\_\_%  Limousine/Charter \_\_\_\_\_%  All Other \_\_\_\_\_%  
 Experience transporting wheelchair bound and/or special needs passengers \_\_\_\_\_%

Driving Vehicle Types Listed:  1-7 pass. \_\_\_\_\_%  8-16 pass. \_\_\_\_\_%  16 or more \_\_\_\_\_%

Explain All Other: \_\_\_\_\_

Date of Employment: From (MO/YR): \_\_\_\_\_ To (MO/YR): \_\_\_\_\_

Radius of Use:  0-100 Miles  101-300 Miles  301-500 Miles  Over 500 Miles

Have you had any accidents in the last three years? .....  Yes  No

Have you had any tickets in the last three years? .....  Yes  No

If yes, please list dates and violations: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of the Named Insured or Driver

\_\_\_\_\_  
Date