

EMPLOYEE DRIVER FORM

Driver

Name _____ Date of Birth _____
 Address _____ Phone # _____

 Driver's License # _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
 Address of Owner _____ Make of Vehicle _____
 _____ Year of Vehicle _____
 License Plate # _____ Date of Expiration _____
 Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____ Policy # _____
 Date of Policy Expiration _____ Liability Limits of Policy* _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

Please list all accidents and moving violations you have had in the last three years:

Certification

I certify that the information given on this form is true and correct to the best of my knowledge.

Signature

Date