

PUBLIC AUTO EMPLOYMENT HISTORY

PLEASE USE THIS FORM FOR ALL CURRENT DRIVERS AND TO REPORT NEW DRIVERS

Insured Policy No: _____ Driver: _____
Driver's D.O.B. _____
Driver's LIC. & State #: _____
Driver's S.S. #: _____

Employment History (Including current employer, list in order of most recent. Please give five years history. Indicate public auto type (include # passenger seats).

Bus # Passengers: _____ Van # Passengers: _____ Limo # Passengers: _____

Employer	Dates	Type of Vehicle	Radius
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____
_____	_____ TO _____	_____	_____

(If above space does not allow for 5 years, please continue on the next page)

During the past three years, have you had a minimum of two years, full time, driving this type and size vehicle? Yes No

During the past three years, has your driver's license been suspended or revoked? Yes No

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

At Fault? Yes No

Give a brief description of accidents regardless of who was at fault.

Do you object to verification of the above information? Yes No

Signature of Named Insured or Driver _____

Date: _____

