	Westmoreland Transportation Inc. 500 County Road 18 Leamington, ON N8H3V5	
	Revision 1 10-10-2023	Driver History Supplementary Form

Driver History Supplementary Form - Ontario

Broker: HUB International Ontario Limited (Leamington)
 Broker No.:
 Producer: Marty Kir
 Applicant/Name Insured: Westmoreland Transportation Inc.
 Policy Number: AF5174769

This supplementary form is a declaration of the indicated drivers motor carrier driving experience. The following documentation is required to be submitted by the broker:

- Driver Abstract (MVR)
- CVOR Driver Abstract / CVDR
- Resume (Minimum 10 years work history driving & other workplace experience)
- Letter of Experience from prior insurer(s)
- Letter of Experience from prior employer(s)

DRIVER INFORMATION

Name:					
Drivers License Number:		Date of Birth:			
Current License Class:		Date of receipt of Current License Class:			
Date First License in Canada or U.S.A. (Class G or equivalent)					
License Expiration Date (DD/MM/YYYY) :					
License Restriction(s) If Any:					
Are you legally authorized to work in Canada?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Has your license ever been revoked or suspended?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Have you ever been refused a license to drive a commercial vehicle?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Dangerous Goods certificate:					
If Yes Date of expiration (DD/MM/YYYY): _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A <input type="checkbox"/>
Are you Currently part of a drug and alcohol testing program?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A <input type="checkbox"/>
If you answer yes, what type of testing program are you enrolled in : _____					


DRIVING EXPERIENCE

Years of experience with current class of license?	
Years of experience driving in the U.S.A.?	
CHECK YOUR CURRENT STATUS BELOW:	
Owner Operator <input type="checkbox"/>	Company Driver <input type="checkbox"/> Contractor Operation <input type="checkbox"/>

PRIOR INSURANCE COMPANY EXPERIENCE INFORMATION

List the details of the Driver's prior insurer.

Effective Date	Expiry Date (Y/M/D)	Policy No.	Insurance Company

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TRUCKING & EMPLOYMENT INFORMATION (Minimum 10 year work history must be provided)

Current Employer	
Company Name:	
Type of Vehicle(s) Driven:	Prov. and States Delivered to:
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Comments:	

Previous Employer 1	
Company Name:	
Type of Vehicle(s) Driven:	Prov. and States Delivered to:
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Comments:	

Previous Employer 2	
Company Name:	
Type of Vehicle(s) Driven:	Prov. and States Delivered to:
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Comments:	

Previous Employer 3	
Company Name:	
Type of Vehicle(s) Driven:	Prov. and States Delivered to:
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:



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Comments:

Previous Employer 4

Company Name:

Type of Vehicle(s) Driven:

Prov. and States Delivered to:

Address:

Supervisor's Name:

Phone #:

Employment Start Date:

Employment End Date:

Comments:

Previous Employer 5

Company Name:

Type of Vehicle(s) Driven:

Prov. and States Delivered to:

Address:

Supervisor's Name:

Phone #:

Employment Start Date:

Employment End Date:

Comments:

Previous Employer 6

Company Name:

Type of Vehicle(s) Driven:

Prov. and States Delivered to:

Address:

Supervisor's Name:

Phone #:

Employment Start Date:

Employment End Date:

Comments:

Previous Employer 7

Company Name:

Type of Vehicle(s) Driven:

Prov. and States Delivered to:


Address:

Supervisor's Name:

Phone #:

Employment Start Date:

Employment End Date:

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Comments:

Previous Employer 8	
Company Name:	
Type of Vehicle(s) Driven:	Prov. and States Delivered to:
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Comments:	

List any Driver Training and/or Special Training (IE: Hazardous Goods Training, etc.)

1. _____ 2. _____

3. _____ 4. _____

Previous 1 Accidents and Insurance Claims Regardless of Fault for the past 6 years?				
Date (Y/M/D)	Type of Loss (BI, PD, AB, DC-PD, UA, COL/AP, COMP/SP)	Amount Paid	Location	Details

ADDITIONAL COMMENTS:

Consent

I am applying to be added as a driver for automobile insurance based on the information provided above. With respect to the application or any renewal or change in coverage, I authorize you to collect, use and disclose my driving record, auto insurance history and auto claims history as permitted by law for the limited purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud.

Signature of Driver

Date

Broker/Agent Signature

Dat