

	Westmoreland Transportation Inc.		
	Revision 1 10-10-2023	Driver History Supplementary Form	 <small>Intact Insurance Company</small>

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Has your license ever been revoked or suspended?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 part of a drug and alcohol testing program?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A <input type="checkbox"/>

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 Company Driver Contractor Operation

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:

