



Intact Insurance Company

Motor Carrier Truckmen Driver History Supplementary Form - Ontario

Broker: _____ Broker No.: _____ Producer: _____

Applicant/ Name Insured: _____

Policy Number: _____

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
- 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:
Date First License in Canada or U.S.A. (Class G or equivalent)	

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

TRUCKING COMPANY EMPLOYMENT INFORMATION (Minimum 3 (Preferred 5) years history must be provided)

Current Employer	
Company Name:	
Type of Vehicle(s) Driven:	Maximum Radius Driven:
Address:	
Supervisor's Name:	Phone#:
Employment Start Date:	Employment End Date:
Comments:	

Previous Employer 1	
Company Name:	
Type of Vehicle(s) Driven:	Maximum Radius Driven:
Address:	
Supervisor's Name:	Phone#:
Employment Start Date:	Employment End Date:
Comments:	

Previous Employer 2	
Company Name:	
Type of Vehicle(s) Driven:	Maximum Radius Driven:
Address:	
Supervisor's Name:	Phone#:
Employment Start Date:	Employment End Date:
Comments:	

Previous Employer 3	
Company Name:	
Type of Vehicle(s) Driven:	Maximum Radius Driven:
Address:	
Supervisor's Name:	Phone#:
Employment Start Date:	Employment End Date:
Comments:	

Previous Employer 4	
Company Name:	
Type of Vehicle(s) Driven:	Maximum Radius Driven:
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

 Date