



For 1-4 vehicles only

Driver's declaration form

This form duly completed must be sent to National Truck League Insurance Brokers Inc. , including recent driver's abstract & commercial vehicle operator record (maximum 90 days old). The Insurer's authorization is required **before** hiring new drivers.

DRIVER INFORMATION

Name:	
License #:	Date of Birth (MM/DD/YY):
License Class:	Policy no.

Claims in the last three (3) years		No Claims	
Date	Circumstances and Location	Liability (%)	Amount Paid

TRUCKING COMPANY EMPLOYMENT INFORMATION (minimum 3 years history must be provided)

Current Employer	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Name of Insurance Company & Policy # (if known):	
CVOR#	MC# / USDOT#
Claims with this employer :	Yes Please provide details
	No
Claims history confirmed by:	
Broker Signature:	Date/Time:

Past Employer 1	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Name of Insurance Company & Policy # (if known):	
CVOR#	MC# / USDOT#
Claims with this employer :	Please provide details
Yes	
No	
Claims history confirmed by:	
Broker Signature:	Date/Time:

Past Employer 2	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Name of Insurance Company & Policy # (if known):	
CVOR#	MC# / USDOT#
Claims with this employer :	Please provide details
Yes	
No	
Claims history confirmed by:	
Broker Signature:	Date/Time:

Past Employer 3	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Name of Insurance Company & Policy # (if known):	

