Mangal Carriers Inc

DRIVER PROFILE

DRIVER INFORMATION

|  |  |
| --- | --- |
| Name: | |
| Licence #: | Date of Birth (MM/DD/YY): |
| Driver Licence Class: | Original date of obtaining Driver Licence for this Class: |

# DRIVING EXPERIENCE

|  |  |  |  |
| --- | --- | --- | --- |
| How many years experience under your current class of licence? | |  | |
| How many years of US commercial driving experience do you have? | |  | |
| Are you currently an (please select whatever applies): | | | |
| Owner Operator | Company Driver | | Driver Trainee |

**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: | |
| Commodities most often hauled for this employer: | | |
| Past Employer 1 | | |
| Company Name: | | |
| Address: | | |
| Supervisor’s Name: | | Phone #: |
| Employment Start Date: | Employment End Date: | |
| Commodities most often hauled for this employer: | | |
| Past Employer 2 | | |
| Company Name: | | |
| Address: | | |
| Supervisor’s Name: | | Phone #: |
| Employment Start Date: | Employment End Date: | |
| Commodities most often hauled for this employer: | | |

# CLAIMS HISTORY (please describe all accidents you were involved in for the last 3 (three) years regardless of fault)

|  |  |  |  |
| --- | --- | --- | --- |
| Date of accident | Description and location of accident | % of fault | Total amount paid |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| COMMENTS: |

I certify that I personally completed this application and that all of the information is true and correct. I authorize North Bridge Insurance Company to do a complete background investigation in accordance with provincial and federal laws. I authorize my previous employers to release any information requested by Markel Insurance Company of Canada and hold them harmless of all liability from the release of said information.

**Signature of driver** **Date**

# Please print your name