

## DRIVER'S DECLARATION FORM *(For 1-4 vehicles only)*

This form duly completed must be sent to Old Republic Insurance Company of Canada, 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 number:

### DRIVER EXPERIENCE

How Many Years of <b>commercial driving experience</b> under your current class of licence?	How many years of <b>US</b> commercial driving experience do you have?	Do you have experience handling refrigerated goods?
Are you currently an (please specify)		
Owner Operator <input type="checkbox"/>	Company Driver <input type="checkbox"/>	Driver Trainee <input type="checkbox"/>

### CLAIMS HISTORY

**(Please describe all accidents you were involved in for the last 3(three) years)**

Claims in the last three (3) years <input type="checkbox"/>		No Claims <input type="checkbox"/>	
Date of accident	Description and Location	Liability (%)	Amount Paid

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

**Important: All fields must be fully completed for each employment experience**

<b>CURRENT EMPLOYER</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	
Type of vehicle (s) most often driven for this employer	
Tractor <input type="checkbox"/> Straight <input type="checkbox"/> Light Commercial <input type="checkbox"/>	
Name of Insurance Company & Policy # (if known):	
CVOR#	MC# / US DOT#

<b>PAST EMPLOYER 1</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	
Type of vehicle (s) most often driven for this employer	
Tractor <input type="checkbox"/> Straight <input type="checkbox"/> Light Commercial <input type="checkbox"/>	
Name of Insurance Company & Policy # (if known):	
CVOR#	MC# / US DOT#

<b>PAST EMPLOYER 2</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
Employment Start Date:	Employment End Date:
Commodities most often hauled for this employer:	
Type of vehicle (s) most often driven for this employer	
Tractor <input type="checkbox"/> Straight <input type="checkbox"/> Light Commercial <input type="checkbox"/>	
Name of Insurance Company & Policy # (if known):	
CVOR#	MC# / US DOT#

<b>PAST EMPLOYER 3</b>			
Company Name:			
Address:			
Supervisor's Name:		Phone #:	
Employment Start Date:		Employment End Date:	
Commodities most often hauled for this employer:			
Type of vehicle (s) most often driven for this employer			
Tractor <input type="checkbox"/> Straight <input type="checkbox"/> Light Commercial <input type="checkbox"/>			
Name of Insurance Company & Policy # (if known):			
CVOR#		MC# / US DOT#	

<b>Driver's Consent</b>		
<p>I hereby authorize Old Republic Insurance Company of Canada and its authorized agents to collect, use and disclose my driving record, automobile insurance policy history and automobile insurance claims history as permitted by law for the limited purposes necessary to assess the risk, to investigate and settle claims, and to prevent, detect and suppress fraud. If I am issued an automobile insurance policy or if I make a claim, this information may be pooled with information from other sources and may be subject to analysis for the limited purpose of preventing, detecting or suppressing fraud. For this purpose, the information also may be disclosed to i) fraud prevention organizations, other insurance companies and the police and ii) databases or registers used by the insurance industry to analyze and check information provided against existing information.</p> <p>This consent form is valid for the policy period, all extensions and renewals of the contract, as well as any other general insurance contract required or offered to the undersigned.</p>		
<b>Driver's name (please print):</b>	<b>Signature:</b>	<b>Date:</b>

<b>Broker's Written Confirmation</b>		
<p>The undersigned, hereby declares having verified the above-mentioned driver with all listed former employers for at least the past 3 years.</p>		
<b>Broker's name (please print):</b>	<b>Signature:</b>	<b>Date:</b>

***Notwithstanding, completion of this form is only for the confirmation of driving experience and does not eliminate the obligations of the insured to satisfy MTO and DOT standards.***