



10 S 106th East Pl

Tulsa, OK 74128

Phone (501) 536-0359

[Derek@djktruckingins.com](mailto:Derek@djktruckingins.com)

# COMMERCIAL AUTO DRIVER ENDORSEMENT

Form No. CA-DRV-END-2026 | Edition: 04/2026

## SECTION 1 – POLICY INFORMATION

Policy Number:  Endorsement Number:

Effective Date:  Expiration Date:

Insurance Company:  NAIC Code:

Producer / Agent:  Producer Code:

Endorsement Action:  Add Driver(s)  Delete Driver(s)  Change Driver Information

## SECTION 2 – NAMED INSURED INFORMATION

Named Insured (Full Legal Name):

DBA / Trade Name:  USDOT Number:

Mailing Address:

City:  State:  ZIP Code:  MC/MX Number:

Contact Phone:  Email:

## SECTION 3 – SCHEDULE OF COVERED DRIVERS

Drv #	Driver Full Name	Date of Birth	License Number	State	Class	CDL Endorsements	Date Hired	Yrs Exp

Attach additional schedule if more than 6 drivers. CDL Endorsement Codes: H=Hazmat, N=Tank, P=Passenger, S=School Bus, T=Doubles/Triples, X=Hazmat+Tank.

# COMMERCIAL AUTO DRIVER ENDORSEMENT

Form No. CA-DRV-END-2026 | Edition: 04/2026

## SECTION 4 – DRIVER QUALIFICATION & MVR SUMMARY

Drv #	Driver Name	MVR Date	MVR Status	Violations (3 Yr)	Accidents (3 Yr)	CDL Med Cert	Drug Test

MVR Status: Clear / Acceptable / Unacceptable. Drug Test: Pass / Pending / N/A. CDL Med Cert: Current / Expired / Exempt.

## SECTION 5 – DRIVER-SPECIFIC COVERAGE MODIFICATIONS

Drv #	Driver Name	Coverage Type	Limit (\$)	Deductible (\$)	Premium Adj (\$)

## SECTION 6 – NAMED DRIVER EXCLUSIONS

Drv #	Excluded Driver Name	Date of Birth	License Number	State	Reason for Exclusion

Excluded drivers are specifically excluded from coverage under this policy. Any claims arising from excluded drivers are not covered.

## SECTION 7 – DRIVER REQUIREMENTS & CONDITIONS

- All drivers must possess a valid CDL with proper endorsements for the type of vehicle/cargo operated
- All drivers must have a current DOT medical certificate on file
- All drivers must comply with FMCSA Hours of Service (HOS) regulations
- Motor Vehicle Reports (MVRs) must be obtained annually for all listed drivers
- All drivers must pass pre-employment and random drug/alcohol testing per 49 CFR Part 382
- All drivers must complete a Driver Qualification File (DQF) per 49 CFR Part 391
- Employer must notify insurer within 30 days of adding or removing any driver
- All drivers must have minimum 2 years CDL experience (unless otherwise approved)
- Electronic Logging Device (ELD) required for all covered vehicles
- Distracted driving policy must be in effect and acknowledged by all drivers

Additional Driver Conditions / Provisions:

# COMMERCIAL AUTO DRIVER ENDORSEMENT

Form No. CA-DRV-END-2026 | Edition: 04/2026

Drv #	Driver Name	Base Premium (\$)	Surcharge (\$)	Discount (\$)	Net Premium (\$)
<b>TOTAL DRIVER ENDORSEMENT PREMIUM:</b>					

## SECTION 9 – ADDITIONAL INTERESTS / LOSS PAYEES

Interest Type	Name	Address	Effective Date

Interest Types: Additional Insured, Loss Payee, Certificate Holder, Lienholder.

## SECTION 10 – REMARKS / SPECIAL PROVISIONS

Enter any additional remarks, special instructions, or provisions below:

## SECTION 11 – AUTHORIZATION & SIGNATURES

By signing below, the undersigned acknowledge and agree that the information provided is true and accurate, and that this endorsement is subject to all terms, conditions, and exclusions of the policy to which it is attached. This endorsement is effective as of the date indicated above.

Named Insured / Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

-----

Producer / Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

-----

Company Representative / Underwriter: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_