

**Occidental Fire & Casualty Company
Wilshire Insurance Company**

FORM REQUIRED ONLY FOR ALL OPERATORS ON NEW VENTURE RISKS OR DRIVERS UNDER 25.

DRIVER EXPERIENCE FORM

NAME OF INSURED _____ POLICY # _____

DRIVER INFORMATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____

DRIVER EXPERIENCE - PRIOR EMPLOYMENT HISTORY (REQUIRED FOR PAST THREE YEARS)

	<u>EMPLOYER NAMES</u>	<u>DATES OF EMP.</u>	<u>DUTIES</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

DRIVER EXPERIENCE - OTHER

1) INDICATE NUMBER OF YEARS TYPE OF EQUIPMENT OPERATED: Truck _____ Tractor/Trailer _____

2) LIST TYPES OF TRAILERS PULLED _____

3) LIST TYPES OF COMMODITIES HAULED _____

4) DISTANCE OF TRIPS: LOCAL INTERMEDIATE LONG HAUL

DRIVING RECORD INFORMATION

1) HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YES, EXPLAIN WHEN, WHY & HOW LONG _____

2) HAVE YOU BEEN INVOLVED IN AN ACCIDENT WITHIN THE PAST THREE YEARS? _____

IF YES - EXPLAIN: DATE DESCRIPTION CITATION?

DRIVER SIGNATURE _____ DATE _____

DATE/SIGNATURES REQUIRED FOR POLICY ISSUANCE - BUT NOT FOR QUOTATIONS.