



6450 Transit Road  
 Depew, New York 14043  
 Phone: 716-856-3065  
 Fax: 716-856-8057

## COMMERCIAL DRIVER EMPLOYMENT HISTORY

Please complete the following or forward a copy of the D.O.T. Driver Employment Record.

Insured Joseph M Naugle II dba J Naugle Trucking Name of Driver \_\_\_\_\_

Policy No. CTO0129703 Driver's Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

(Including Current Employer, list in order of most recent employer first. MUST HAVE FULL THREE YEARS.)

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Experience  Straight Truck \_\_\_\_%  Tractor/Semi Trailer \_\_\_\_%  Dump Truck \_\_\_\_%  
 Driving Vehicle Types Listed:  Limousine \_\_\_\_%  Bus (# of passengers\_\_\_\_)\_\_\_\_%  Other \_\_\_\_%

Date of Employment: From (MO/YR) \_\_\_\_\_ To (MO/YR) \_\_\_\_\_

Radius of Use:  0 – 75 Miles  76 – 300 Miles  Over 300 Miles

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Experience  Straight Truck \_\_\_\_%  Tractor/Semi Trailer \_\_\_\_%  Dump Truck \_\_\_\_%  
 Driving Vehicle Types Listed:  Limousine \_\_\_\_%  Bus (# of passengers\_\_\_\_)\_\_\_\_%  Other \_\_\_\_%

Date of Employment: From (MO/YR) \_\_\_\_\_ To (MO/YR) \_\_\_\_\_

Radius of Use:  0 – 75 Miles  76 – 300 Miles  Over 300 Miles

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Experience  Straight Truck \_\_\_\_%  Tractor/Semi Trailer \_\_\_\_%  Dump Truck \_\_\_\_%  
 Driving Vehicle Types Listed:  Limousine \_\_\_\_%  Bus (# of passengers\_\_\_\_)\_\_\_\_%  Other \_\_\_\_%

Date of Employment: From (MO/YR) \_\_\_\_\_ To (MO/YR) \_\_\_\_\_

Radius of Use:  0 – 75 Miles  76 – 300 Miles  Over 300 Miles

Have you had any accidents in the last 3 years?  Yes  No If yes, please describe. \_\_\_\_\_

During the past three years have you had at least two years over-the-road driving experience with equipment similar to that which you will be operating for this employer?  Yes  No

The undersigned applicant represents that the information provided herein is true and correct.

\_\_\_\_\_  
 Signature of the Named Insured or Driver Date