

**NASTC INSURANCE SERVICES, LLC.**

*Insurance Application*

**Commercial Driver Employment History**

Please complete the following or forward a copy of the DOT Driver Employment Record.

Insured \_\_\_\_\_ Name of Driver \_\_\_\_\_

Policy Number \_\_\_\_\_ Driver's Date Of Birth \_\_\_\_\_

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

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

Employer _____	MC DOT _____	Phone _____
Address _____	Start Date _____	End Date _____
Amount of Experience: Radius of Use: <input type="checkbox"/> 0-75 Miles <input type="checkbox"/> 76-300 Miles <input type="checkbox"/> Over 300 Miles	Tractor Trailer _____% Straight Truck _____% Dump Truck _____% Other _____%	Trailer Type Van _____% Reefer _____% Flatbed _____% Tank _____% Other _____%
Employer _____	MC DOT _____	Phone _____
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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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

(Driver Employment History)