☐ **National Casualty Company** ☐ **Scottsdale Indemnity Company**

☐ **Scottsdale Insurance Company** ☐ **Scottsdale Surplus Lines Insurance Company**

COMMERCIAL DRIVER EMPLOYMENT HISTORY
(Public Auto)

Insured Name: _____ Policy No.: _____

Driver Name: _____ Date of Birth: _____ License Number: _____

Total Years Experience: _____

Experience listed should be for the same type of equipment you will be driving on this policy. The Commercial License obtained date should be the date of license for the same type of equipment.

Including Current Employer, list in order of most recent employer first. MUST HAVE TWO FULL YEARS EXPERIENCE.

Employer: _____ Phone: _____

Address: _____

Amount of Experience: ☐ Taxi/Livery _____% ☐ Limousine/Charter _____% ☐ All Other _____%

☐ Experience transporting wheelchair bound and/or special needs passengers _____%

Driving Vehicle Types Listed: ☐ 1-7 pass. _____% ☐ 8-16 pass. _____% ☐ 16 or more _____%

Explain All Other: _____

Date of Employment: From (MO/YR): _____ To (MO/YR): _____

Radius of Use: ☐ 0–100 Miles ☐ 101–300 Miles ☐ 301–500 Miles ☐ Over 500 Miles

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Employer: _____ Phone: _____

Address: _____

Amount of Experience: ☐ Taxi/Livery _____% ☐ Limousine/Charter _____% ☐ All Other _____%

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Radius of Use: ☐ 0–100 Miles ☐ 101–300 Miles ☐ 301–500 Miles ☐ Over 500 Miles

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Have you had any accidents in the last three years? ..... ☐ Yes ☐ No

Have you had any tickets in the last three years? ..... ☐ Yes ☐ No

If yes, please list dates and violations: _____

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize Scottsdale Insurance Company to verify the information provided above.

_____ _____

Signature of the Named Insured or Driver Date