

- National Casualty Company
 Scottsdale Insurance Company
 Scottsdale Indemnity Company
 Freedom Specialty Insurance Company
 Scottsdale Surplus Lines Insurance Company

COMMERCIAL DRIVER EMPLOYMENT HISTORY (Truckers)

Insured Name: _____ Policy No.: _____

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

Total Yrs. Experience: _____ Date Comm'l Lic. Obtained: _____ VIN of unit owned: _____

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 FULL TWO YEARS.

Employer: _____ MC/DOT No.: _____ Phone: _____

Address: _____

Amount of Experience: Straight Truck _____ % Tractor/Semi Trailer _____ % Dump Truck _____ %

Driving Vehicle Types Listed: Log Truck _____ % Service Vehicle _____ % Other _____ %

Type of Driving: For-Hire Private Carrier Farm Passenger 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

Employer: _____ MC/DOT No.: _____ Phone: _____

Address: _____

Amount of Experience: Straight Truck _____ % Tractor/Semi Trailer _____ % Dump Truck _____ %

Driving Vehicle Types Listed: Log Truck _____ % Service Vehicle _____ % Other _____ %

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Type of Driving: For-Hire Private Carrier Farm Passenger 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

Have you had any accidents in the last three 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. I further understand that by applying for insurance, I authorize Nationwide Insurance to verify the information provided above.

Signature of the Named Insured or Driver

Date