

## **ADDITIONAL DRIVER SCHEDULE**

Insured:	
Agent:	

Driver Name:	Date of Birth	DL#	State	CDL Class (A,B,C)	# Years Exp with CDL Class	Date of Hire	# Violations	# Accidents	Owner/Op (Y/N)	Details (accidents are considered at fault unless police report confirming not at fault is provided)
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## **Disclaimer**

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature	National Producer Number (Required in Florida)
Producer's Signature	Applicant's Signature
Producer's Name (please print)	 Date
" , '	
Ctata Dradugar Linanaa Number	-
State Producer License Number	