



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

### DRIVER SCHEDULE

Applicant's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ If Insured, Policy/Certificate #: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Business Phone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

For each driver, complete the following and attach a copy of the driver's MVR and license.

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Driver # \_\_\_\_\_ Driver Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

If any driver(s) should be specifically excluded from the policy, please attach a separate list.

**Don't forget to attach a copy of the MVR and driver's license for each driver!**

Note: Endorsements must be paid for in full within five days of request. If payment is not received, driver(s) will be excluded from the policy.

Dated: \_\_\_\_\_  
 Applicant: \_\_\_\_\_

Signature \_\_\_\_\_

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