



DRIVER ADDITION FORM

Please complete this form for anyone who will be driving a company vehicle and was not on the driver list sent in to Vanliner at renewal. Please return to _____

INSURED:

Driver complete name:

Social Security Number:

This helps in most states when there is more than one Joe Brown with the same birthdate

Date of Birth:

State of License/CDL:

License/CDL #:

Is this driver an Independent Owner Operator? Y or N

If driver is 21 and younger please provide the below:

Which vehicle does this driver normally drive? _____

How often does this driver drive? _____

If driver is 65 or older please provide the below:

Which vehicle does this driver normally drive? _____

How often does this driver drive? _____

Does this driver have a CDL? Y or N _____. If so please provide a DOT Medical Certificate.

Comments:

Requested by:

Date: