



COMMERCIAL FLEET - DRIVER SCHEDULE

APPLICANT'S / INSURED'S FULL NAME

POLICY / BINDER NUMBER

Attached to and forming part of :

POLICY PERIOD

Effective Date: _____ Time: _____ a.m. p.m. Expiry Date: _____ AT 12:01 A.M. All times are local times at the Applicant's postal address stated hereon.

DRIVERS LIST

DRIVER NO.	DRIVER NAME	LICENSE NUMBER	BIRTH DATE	DATE FIRST LICENSED	CURRENT LICENSE CLASS	DATE CURRENT CLASS OBTAINED	DATE HIRED	DRIVER TRAINING CERTIFICATE	CONVICTIONS*	CONVICTIONS	
										DESCRIPTION	CONVICTION DATE
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* A current MVR is required for all drivers with convictions