

COMMERCIAL DRIVER EMPLOYMENT HISTORY

Please complete the following or forward a copy of the D.O.T. Driver Employment Record.

Insured Cannon Truck Lines Inc. Name of Driver Amardeep Singh
Policy No. _____ Driver's Date of Birth 1/30/1994
Driver's License Number W2044555

(Including Current Employer, list in order of most recent employer first. MUST HAVE FULL THREE YEARS.)

Employer Cannon Truck Lines Inc. Phone 209 507 6456
Address 2572 Plum Branch Place, Manteca CA

Amount of Experience ☐ Straight Truck _____% ☒ Tractor/Semi Trailer 100 % ☐ Dump Truck _____%
Driving Vehicle Types Listed: ☐ Limousine _____% ☐ Bus (# of passengers _____) _____% ☐ Other _____%

Date of Employment: From (MO/YR) _____ To (MO/YR) _____

Radius of Use: ☐ 0 – 75 Miles ☒ 76 – 300 Miles ☐ Over 300 Miles

Employer KSB Interstate Phone 601 320 6594
Address 2631 7th Ave Dr. Kingbury CA

Amount of Experience ☐ Straight Truck _____% ☒ Tractor/Semi Trailer 100 % ☐ Dump Truck _____%
Driving Vehicle Types Listed: ☐ Limousine _____% ☐ Bus (# of passengers _____) _____% ☐ Other _____%

Date of Employment: From (MO/YR) _____ To (MO/YR) _____

Radius of Use: ☐ 0 – 75 Miles ☐ 76 – 300 Miles ☒ Over 300 Miles

Employer _____ Phone _____
Address _____

Amount of Experience ☐ Straight Truck _____% ☐ Tractor/Semi Trailer _____% ☐ Dump Truck _____%
Driving Vehicle Types Listed: ☐ Limousine _____% ☐ Bus (# of passengers _____) _____% ☐ Other _____%

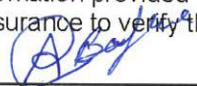
Date of Employment: From (MO/YR) _____ To (MO/YR) _____

Radius of Use: ☐ 0 – 75 Miles ☐ 76 – 300 Miles ☐ Over 300 Miles

Have you had any accidents in the last 3 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 Northland Insurance to verify the information provided above.


Signature of the Named Insured or Driver

3/13/2025

Date