

## COMMERCIAL DRIVER EMPLOYMENT HISTORY

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

Insured \_\_\_\_\_ Name of Driver James Moon  
Policy No. \_\_\_\_\_ Driver's Date of Birth \_\_\_\_\_  
Driver's License Number \_\_\_\_\_

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

Employer JB Hunt Transport Phone (775) 276-3153

Address 1 Electric Ave Sparks NV 89434

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) 9/17/2020 To (MO/YR) 2/28/2022

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

Employer NavCal Trucking Phone (775) 331-7200

Address 2180 Kleppe Ln #204 Sparks NV 89431

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) 1/2/2019 To (MO/YR) 4/1/2020

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

12/28/2021

Date

## COMMERCIAL DRIVER EMPLOYMENT HISTORY

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

Insured \_\_\_\_\_ Name of Driver Victor Kubney  
Policy No. \_\_\_\_\_ Driver's Date of Birth \_\_\_\_\_  
Driver's License Number \_\_\_\_\_

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

Employer NavCal Trucking Co. Phone 775 331 7200  
Address P.O. Box 7378 Reno, NV

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) 10/28/2020 To (MO/YR) Current

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

Employer Fed Ex Phone 775 626 6868  
Address 165 Disc Dr, Sparks, NV

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) 06/05/2018 To (MO/YR) 10/1/2020

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

03/14/2023

Date

## COMMERCIAL DRIVER EMPLOYMENT HISTORY

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

Insured \_\_\_\_\_ Name of Driver Sukhman Goraya  
Policy No. \_\_\_\_\_ Driver's Date of Birth \_\_\_\_\_  
Driver's License Number \_\_\_\_\_

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

Employer RTH Trucking Inc. Phone 209 799 7771  
Address 3935 Hyacinth Dr Ceres, 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) 01/07/2021 To (MO/YR) Current

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

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

01/31/2023

Date