

# NAPA, CALIFORNIA 94559

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# **Driver Eligibility Requirements**

The following underwriting guidelines apply to all current and new drivers. All drivers <u>must</u> meet our "Driver Eligibility Requirements" and your firm is required to submit any new drivers to Paul Hanson Partners Specialty Insurance Solutions during the policy term.

#### **DEFINITIONS**

## Eligible drivers must:

- Between the ages of 21 and 65
  - Driver over age 65 with Class A CDL must be cleared by a physician
  - Owners and partners age 65 and older are acceptable if they do not have any commercial driving responsibilities.
  - All drivers over age 70 except owners and partners must be referred to underwriting for approval.
- At least 2 years driving experience not including foreign experience.

## **ACCEPTABLE DRIVING RECORD MEANS:**

- √ No major violations in the last three years
- ✓ Maximum of three minor moving violations in the last 3 years
- ✓ Maximum of one at-fault accident in the last 3 years

#### Major violation is a citation that involves:

- 1. Any drug or alcohol violation in connection with the operation of a motor vehicle
- 2. Homicide, manslaughter or use of a motor vehicle for felonious purposes.
- 3. Hit and run
- 4. Reckless driving
- 5. A speeding violation 20 MPH or more above the posted limit
- 6. Speed contests, drag racing, or attempting to elude an officer of the law
- 7. Driving while license is suspended or revoked

#### Minor violations:

Any moving traffic citation (speeding less than 20 MPH above the posted limit, failure to stop or yield, improper lane change etc.) other than a major violation.

# The following are **not** moving citations:

- · Motor vehicle equipment, load or size requirements
- Improper display or failure to display license plates
- Failure to sign or display registration card
- Use of a cell phone while driving

My signature indicates that I understand the above driver eligibility requirements and will submit a copy of all new drivers MVR reports prior to driving a vehicle covered on this policy.

INSURED:	
OWNER/CORPORATE OFFICER'S NAME:	
SIGNATURE	DATE