

## LAST MILE DELIVERY PROGRAM www.bizchoiceins.com

## ADDITIONAL DRIVER INFORMATION

Please list your additional vehicle information below:

1. DRIVEI	DRIVER NAME:		_ DATE OF BIRTH:		(Not necessary if Mobile Equipment)			
CDL#/D	L#:	STATE	ISSUED:	NUM	IBER OF YR	S LICENSED	:	
YEAR:	YEAR: MAKE: MODEL:		_ VIN:		STATED VALUE: \$			
□ Tractor	□ Straight Tru	ck 🛘 Pack Van	□ Trailer	☐ Car Carrier	□ Forklift	□ Moffett	□ Other	
LESSOR/FI	NANCE COMPA	NY:						
ADDRESS:		PH#:		FAX#:				
2. DRIVER NAME:		_ DATE OF BIRTH:		(Not necessary if Mobile Equipment)				
CDL#/DL#:		STATE	ATE ISSUED:NUN		ABER OF YRS LICENSED:			
YEAR:	TEAR: MAKE: MODEL:		VIN:		STATED VALUE: \$			
□ Tractor	□ Straight Tru	ck 🛛 Pack Van	□ Trailer	☐ Car Carrier	□ Forklift	□ Moffett	□ Other	
LESSOR/FI	NANCE COMPA	NY:						
ADDRESS:		PH#:		FAX#:				
3. DRIVEI	3. DRIVER NAME:		DATE OF BIRTH:		(Not necessary if Mobile Equipment)			
CDL#/D	L#:	STATE	ISSUED:	NUM	IBER OF YR	S LICENSED	:	
YEAR: MAKE: MODEL:			VIN:		_STATED VALUE: \$			
□ Tractor	□ Straight Tru	ck 🛘 Pack Van	□ Trailer	☐ Car Carrier	□ Forklift	□ Moffett	□ Other	
LESSOR/FI	NANCE COMPA	NY:						
ADDRESS:		PH#:		FAX#:				
4. DRIVER NAME:		DATE OF BIRTH:			(Not necessary if Mobile Equipment			
CDL#/DL#:STAT			E ISSUED:NUM		IBER OF YRS LICENSED:			
YEAR:	.R: MAKE: MODEL:		VIN:		STATED VALUE: \$			
□ Tractor	□ Straight Tru	ck □ Pack Van	□ Trailer	☐ Car Carrier	□ Forklift	□ Moffett	□ Other	
LESSOR/FI	NANCE COMPA	NY:						
ADDRESS:		PH#:		FAX#:				
5. DRIVER NAME:		DATE OF BIRTH:		(Not necessary if Mobile Equipment)				
		STATE						
YEAR:	MAKE:	MODEL:	VIN:STAT			TED VALUE: \$		
		ck 🗆 Pack Van						
LESSOR/FII	NANCE COMPA	NY:						
ADDRESS:								