

DRIVER PROFILE SURVEY

DRIVER INFORMATION

Name: _____

License #: _____ Date of Birth (MM/DD/YY): _____

Driver License Class/Type: _____ Date of Origin of this Class/Type License:(MM/DD/YY): _____

Province Issuing this Driver's License: _____ Total number of years of commercial driving: _____

DRIVING POSITION BEING OFFERED: _____

NAME OF THE TRUCKING COMPANY FOR WHOM YOU WILL BE DRIVING: Pro-Vac Oilfield Solutions Ltd

WHAT TYPES OF VEHICLES WILL YOU BE OPERATING?

Tractor Trailer	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Straight Truck with trailer	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Straight Truck without trailer	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Light Commercial Vehicle	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>

Please indicate which of the following, if any, will form part of your current/proposed employment:

Bulk Liquids	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Train configurations	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Float type trailers	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Drop-type trailers	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Carrying logs or pulpwood	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Operating in the woodlands	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Operating in the oilfields	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Hauling sand, gravel, earth or stone	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Hauling steel products	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Hauling oversized, or overweight loads	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>

PREVIOUS DRIVING QUALIFICATIONS

What type of vehicles have you actually driven for commercial employment?

Tractor Trailer	yes <input type="checkbox"/> no <input type="checkbox"/>	how many years?	_____
Straight Truck with trailer	yes <input type="checkbox"/> no <input type="checkbox"/>	how many years?	_____
Straight Truck without trailer	yes <input type="checkbox"/> no <input type="checkbox"/>	how many years?	_____
Light Commercial Vehicle	yes <input type="checkbox"/> no <input type="checkbox"/>	how many years?	_____

Have you qualified for or obtained the C.T.H.R.C. "Earning Your Wheels" certificate? yes no (please provide a photocopy)

Have you qualified for or obtained a certified P.T.D.I. driver training course? yes no (please provide a photocopy)

Have you qualified for or obtained any other professional truck driver training course? yes no (please provide a photocopy as well as the name and address of the training facility)

PREVIOUS DRIVING EMPLOYMENT INFORMATION (up to 3 years history must be provided)

Past Employer 1

Company Name and Address: _____

Supervisor's Name: _____ Phone #: _____

Employment Start Date: _____ Employment End Date: _____

What type of vehicles did you operate most often for this employer?

Tractor Trailer yes no Straight Truck with trailer yes no
Straight Truck without trailer yes no Light Commercial Vehicle yes no

Please indicate if your driving position with this employer required you to operate in any of the following situations:

Bulk Liquids yes no Train configurations yes no
Float type trailers yes no Drop-type trailers yes no
Carrying logs or pulpwood yes no Operating in the woodlands yes no
Operating in the oilfields yes no Hauling sand, gravel, earth or stone yes no
Hauling steel products yes no Hauling oversized, or overweight loads yes no

Past Employer 2

Company Name and Address: _____

Supervisor's Name: _____ Phone #: _____

Employment Start Date: _____ Employment End Date: _____

What type of vehicles did you operate most often for this employer?

Tractor Trailer yes no Straight Truck with trailer yes no
Straight Truck without trailer yes no Light Commercial Vehicle yes no

Please indicate if your driving position with this employer required you to operate in any of the following situations:

Bulk Liquids yes no Train configurations yes no
Float type trailers yes no Drop-type trailers yes no
Carrying logs or pulpwood yes no Operating in the woodlands yes no
Operating in the oilfields yes no Hauling sand, gravel, earth or stone yes no
Hauling steel products yes no Hauling oversized, or overweight loads yes no

Past Employer 3

Company Name and Address: _____

Supervisor's Name: _____ Phone #: _____

Employment Start Date: _____ Employment End Date: _____

What type of vehicles did you operate most often for this employer?

Tractor Trailer yes no Straight Truck with trailer yes no
Straight Truck without trailer yes no Light Commercial Vehicle yes no

Please indicate if your driving position with this employer required you to operate in any of the following situations:

Bulk Liquids yes no Train configurations yes no
Float type trailers yes no Drop-type trailers yes no
Carrying logs or pulpwood yes no Operating in the woodlands yes no
Operating in the oilfields yes no Hauling sand, gravel, earth or stone yes no
Hauling steel products yes no Hauling oversized, or overweight loads yes no

CLAIMS HISTORY

Have you had any "at fault" accidents during the last 3 years? yes no

IF YES, PLEASE COMPLETE TABLE BELOW, OTHERWISE TINS DRIVER PROFILE FORM WILL NOT BE ACCEPTED.

Date of accident	Describe event & location	% "at fault"
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS:

This survey is a supplement to, and does not replace, a statutory provincial application for automobile insurance.

I certify that all of the information is true and correct. I authorize **Zurich Insurance Company** to complete a background investigation in accordance with provincial and federal laws. I authorize my previous employers to release any information requested by **Zurich Insurance Company** and hold them harmless of all liability from the release of said information.

I certify that I am legally entitled to work as a truck driver according to all provincial, state and federal laws pertaining to age, medical condition, and drug testing requirements, immigration or work entitlement status in each jurisdiction required by my current/proposed employment.

Driver's name

Date of signature

Signature of Driver