



GROUPASSUR TRANSPORT

DRIVER ACCEPTANCE FORM

(Must be accompanied by a recent driving record (less than 3 months))

Name of insured :

Policy number :

Name of driver	
Driving license number	
Employer(s) for the last three 3 years <i>Provide name, address and phone number for each of them</i>	
Accident(s) involving the drivers in the last 3 years If no accident, <u>please write it.</u>	

Important notice

The selection criteria for drivers are (but are not limited to) the following:

- Minimum age: 23 years old
- Three years of experience in driving vehicles of the same type as the insured vehicle or holding a DEP in truck transport from the Ministry of Education (615 hours of driving courses conducted by a licensed driving school) with proof of successful completion or a 300-hour on-road program with a Class 1 vehicle;
- No responsible accidents;
- Less than seven demerit points (except for failure to wear seatbelts) and no criminal offenses under the Highway Safety Code;

A reply will be sent to you within 24 hours of the submission of the driver to the GROUPASSUR Transport team.

Owner's signature: _____

Driver's signature: _____