



DRIVER ACCEPTANCE

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

Applicant's name: _____

Policy number: _____

1. Name of driver: _____

2. Birth date: _____

3. Driving license number: _____

4. Hiring date: _____

5. Employer(s) for the last three 3 years

Company Name	Address	Phone number	Employment date	Type
				<input type="checkbox"/> Animal <input type="checkbox"/> Car <input type="checkbox"/> Boat <input type="checkbox"/> Dump <input type="checkbox"/> Tank <input type="checkbox"/> Reefer <input type="checkbox"/> Hazmat <input type="checkbox"/> Oversize
				<input type="checkbox"/> Animal <input type="checkbox"/> Car <input type="checkbox"/> Boat <input type="checkbox"/> Dump <input type="checkbox"/> Tank <input type="checkbox"/> Reefer <input type="checkbox"/> Hazmat <input type="checkbox"/> Oversize
				<input type="checkbox"/> Animal <input type="checkbox"/> Car <input type="checkbox"/> Boat <input type="checkbox"/> Dump <input type="checkbox"/> Tank <input type="checkbox"/> Reefer <input type="checkbox"/> Hazmat <input type="checkbox"/> Oversize

6. Accident(s) involving the drivers in the last 3 years Yes No

Important notice

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

- Minimum age: 23 years old;
- Maximum age: 70 years old;
- Three years of experience in driving vehicles of the same type as the insured vehicle or holding a diploma of professional studies 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 seatbelt) and no criminal offence under the Highway Safety Code.

By signing this form, I consent to Revau, as well as the involved insurers, reinsurers and service providers, collecting, using and disclosing my personal information that I provide (or that is provided on my behalf), including my driving record, for the purposes of risk assessment and driver acceptance, rating, administration of the insurance contract, fraud prevention and compliance with applicable legal obligations.

I acknowledge that such information may be disclosed to parties necessary for these purposes and may be processed or stored outside my province or outside Canada. I have been informed of my rights of access, correction and withdrawal of consent, subject to applicable legal or contractual obligations.

Owner's signature: _____

Driver's signature: _____

Date: _____

Please send the completed, signed and dated application to transport@revau.com.