



Driver Schedule

(Important: Please download this form before completing)

Driver Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____ Fax: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Emergency Contact Name: _____ Emergency Contact Telephone: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Professional License I.D. Number: _____ Expiration Date: _____

How many years have you been licensed to drive ANY vehicle? _____

Have you driven a PUBLIC AUTO (e.g. taxi, limo, or sedan) before? Yes No If Yes, please list below:

	Start Date	End Date	Company	Insurance Company
1				
2				
3				

Please list ALL traffic accidents that you were involved in during the last three (3) years:

	Date	Location	Were you at fault?	Was anyone injured?
1				
2				
3				

I understand and agree that no coverage shall be provided under the policy for any occurrence unless the driver involved in the occurrence is named in the policy. Neither American Risk Management, Inc. nor any of its issuing carriers (including Amalgamated Casualty Insurance Company) assume any responsibility for verifying the qualification of any driver named in the policy. I understand and agree that no coverage will be provided for Personal Injury Protection ("PIP"), Uninsured Motorist ("UM"), Comprehensive or Collision coverage. I understand that American Risk Management, Inc. is the controlling producer of Amalgamated Casualty Insurance Company.

If the color scheme or insignia of a Taxicab, Limousine, Sedan Company or Association is displayed on my vehicle, I hereby authorize the management of the Taxicab, Limousine, Sedan Company or Association to bind and cancel coverage; to accept notices; and to make insurance premium payments on my behalf.

I hereby authorize the release of my driving record from any and all previous insurers to American Risk Management, Inc., and any of its issuing carriers (including Amalgamated Casualty Insurance Company). I hereby certify that all vehicles to be insured under the policy applied for shall be designed to carry seven or fewer individuals, including the driver. I further certify that all statements in this application are true and correct.

Date: _____ Signature _____

(Revised 7/19/16)