

**TOOS
Driver Application**

First Name: _____ Last Name: _____
Street Address: _____ City, Prov: _____ Postal Code _____
Home Phone: _____ Cell Phone _____ Email: _____
Driver License # _____ Taxi Driver License # _____
MOT# _____ Taxi Plate #: _____ Municipality: _____ Position Full Time Part Time

Driver Experience Information

1. Company Name	_____	Description of Job	_____	Start Date	____/____/____	End Date	____/____/____
					MM/DD/YY		MM/DD/YY
2. Company Name	_____	Description of Job	_____	Start Date	____/____/____	End Date	____/____/____
					MM/DD/YY		MM/DD/YY

Date First Taxi, Limo License Issued in Canada _____ / ____ / ____ MM/DD/YY

Prior Insurance Information

Personal Insurance Co.	_____	Policy No.:	_____	Start Date	____/____/____	End Date	____/____/____
					MM/DD/YY		MM/DD/YY
Commercial/Taxi Ins. Co.	_____	Policy No.	_____	Start Date	____/____/____	End Date	____/____/____
					MM/DD/YY		MM/DD/YY

Claims & Accident Information

If you are accident/claim free within the last three years please initial here

Provide information on all accident or claims arising from the ownership or operation, of any automobile in the last 3 years.

1. Date	____/____/____	MM/DD/YY	Payment: _____	At Fault	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Description:	_____					
2. Date	____/____/____	MM/DD/YY	Payment: _____	At Fault	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Description:	_____					
3. Date	____/____/____	MM/DD/YY	Payment: _____	At Fault	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Description:	_____					

Check here if more than 3 claims _____, please attached sheet or use reverse for description

Driver Declaration: I am applying to be eligible as a driver for automobile insurance while driving under the above stated taxi/limo plate. I declare that the above information provided regarding my taxi/limo driving experience and any automobile accidents and claims is correct. I understand that the failure to disclose accurate information may result in my not being eligible for automobile insurance. I further authorize Baird MacGregor Insurance Brokers LP and _____ to collect, use and disclose information as permitted by the law for the purpose necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving information and claims history

_____	Driver Signature	_____	Date (MM/DD/YY)
_____	Policy Holder Lessor / Lessee Signature	_____	Date (MM/DD/YY)