



## COMMERCIAL DRIVER EMPLOYMENT HISTORY

Please complete the following or forward a copy of the D.O.T. Driver Employment Record.

Insured ROY SALMON TRUCKING LLC Name of Driver HUMPHREY MWELWA  
Policy No. WN182019 Driver's Date of Birth 1.3.1978  
Driver's License Number M400319013080

(Including Current Employer, list in order of most recent employer first. MUST HAVE FULL THREE YEARS.)

Employer FAITH & EDWARD TRANSPORT Phone 443 473 8009  
Address RIVER MIDDLE RIVER MD  
Amount of Experience ☐ Straight Truck \_\_\_\_% ☒ Tractor/Semi Trailer 100% ☐ Dump Truck \_\_\_\_%  
Driving Vehicle Types Listed: ☐ Limousine \_\_\_\_% ☐ Bus (# of passengers \_\_\_\_)% ☐ Other \_\_\_\_%  
Date of Employment: From (MO/YR) 4/2016 To (MO/YR) CURRENT  
Radius of Use: ☐ 0 - 75 Miles ☐ 76 - 300 Miles ☒ Over 300 Miles

Employer CRST EXPEDITED Phone 866 879 4054  
Address CEDAR RAPIDS IA  
Amount of Experience ☐ Straight Truck \_\_\_\_% ☒ Tractor/Semi Trailer 100% ☐ Dump Truck \_\_\_\_%  
Driving Vehicle Types Listed: ☐ Limousine \_\_\_\_% ☐ Bus (# of passengers \_\_\_\_)% ☐ Other \_\_\_\_%  
Date of Employment: From (MO/YR) 3/15/2013 To (MO/YR) 4/2016  
Radius of Use: ☐ 0 - 75 Miles ☐ 76 - 300 Miles ☒ Over 300 Miles

Employer ROEHL TRANSPORT Phone 855 317 1589  
Address MARSH FIELD WI  
Amount of Experience ☐ Straight Truck \_\_\_\_% ☒ Tractor/Semi Trailer 100% ☐ Dump Truck \_\_\_\_%  
Driving Vehicle Types Listed: ☐ Limousine \_\_\_\_% ☐ Bus (# of passengers \_\_\_\_)% ☐ Other \_\_\_\_%  
Date of Employment: From (MO/YR) 3/2014 To (MO/YR) 3/2015  
Radius of Use: ☐ 0 - 75 Miles ☐ 76 - 300 Miles ☒ Over 300 Miles

Have you had any accidents in the last 3 years? ☐ Yes ☒ No If yes, please describe. \_\_\_\_\_

During the past three years have you had at least two years over-the-road driving experience with equipment similar to that which you will be operating for this employer? ☒ Yes ☐ No

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize Northland Insurance to verify the information provided above.

Signature of the Named Insured or Driver

Date