



**SierraSpecialty**

*SierraSpecialty  
389 Clovis Ave., Suite 100  
Clovis, CA 93612  
559-256-6900  
559-256-6950 fax  
866-814-9378 toll free  
CA Ins. Lic. #0E81019  
[www.SierraSpecialty.com](http://www.SierraSpecialty.com)*

## Towing V<sub>3</sub>antage<sup>®</sup> Supplemental Driver Schedule

Email to: [TowTruck@SierraSpecialty.com](mailto:TowTruck@SierraSpecialty.com)

### GENERAL INFORMATION

Proposed Policy Period: \_\_\_\_\_ To \_\_\_\_\_

Insured Name: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Employee List

**IMPORTANT** –Show all employees including those who drive company cars (including family members who use car) and employees who drive their personal vehicle on company business including ANYONE furnished a vehicle whether they are employed by insured or not. Use the Driver Supplemental Form for additional employees/drivers.

	Name	Date of Birth	Driver's License #	Date of Hire	Job Duties / Title	Furnished Auto?	Status	VIOL	ACC
1						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
6						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
7						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
8						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
9						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
10						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		



**SierraSpecialty**

*SierraSpecialty  
389 Clovis Ave., Suite 100  
Clovis, CA 93612  
559-256-6900  
559-256-6950 fax  
866-814-9378 toll free  
CA Ins. Lic. #0E81019  
[www.SierraSpecialty.com](http://www.SierraSpecialty.com)*

**Copies of MVR's required for each person who (1) drives a company owned vehicle, or (2) drives their own personal vehicle on company business. A Non-Owned Supplemental Application must be completed for all employees who use their vehicle on company business.**

- Are all drivers covered by workers compensation insurance?  Yes  No If yes, name of carrier: \_\_\_\_\_
- Any non-employee drivers?  Yes  No
- Are drivers ever allowed to take vehicles home at night?  Yes  No

**SIGNATURE OF APPLICANT**

I have read this supplement and certify that the answers and information herein are true and correct to the best of my knowledge.

Signature of Insured: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

**SIGNATURE OF PRODUCER**

Signature of Producer: \_\_\_\_\_

Print Name of Producer: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Need State Producers license No (require in FL): \_\_\_\_\_