



1809 Banks Road, Margate, FL 33063
 T: 954-975-0442 F: 954-975-0443
www.oviainsurance.com

DRIVER FORM

INSTRUCTIONS: Print clearly. Forms with Missing/Incomplete/Illegible information are returned & NOT processed.
TERMS & CONDITIONS: 1) The finance account(s) must be in "CURRENT" status. 2) Drivers will be reviewed & must meet company requirements before becoming acceptable. 3) Minimum processing time is 24 - 72 hours once properly completed form(s) and MVR(s) are received.

I. GENERAL INFORMATION

Named Insured:	
Contact name:	Phone #:
Please choose: <input type="checkbox"/> CHECK <input type="checkbox"/> DELETE (only if driver will not be rehired) <input type="checkbox"/> ADD x _____ (initials)	

Note: Drivers are NOT added to the policy(ies) until a revised Drivers List is faxed or emailed to the insured.

II. MVR PAYMENT

MVR fee(s) will apply: \$19.50 for any state	
By completing this form and signing below, I understand this card will remain on file for this & ALL future MVR fees.	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card #:	Expiration Date:
Cardholder Name:	Security Code:
Billing Address:	

III. DRIVER'S INFORMATION

First name:	Last name:
Date of birth: <small>Minimum & Maximum age requirement may apply.</small>	Total Years CDL Class A: <small>2-3 years minimum may be required.</small>
Current CDL Class A Lic #:	State: Issue Date:
Prior CDL Class A Lic #:	State:
Will this driver be an Owner-Operator: <input type="checkbox"/> NO <input type="checkbox"/> YES	
Will there be equipment changes: <input type="checkbox"/> NO <input type="checkbox"/> YES, submit separate Vehicle Form	

Insured's Signature: _____ **Date:** _____

For Office Use Only:	<input type="checkbox"/> chk fin acct(s)
AL _____	MTC _____ PHYS _____ OTHER _____