LPL GROUP
2508 North State Rd.7, Margate, FL 33063
Phone: 512-612-9584
Email: info@lplgroupinsurance.com
Web: lplgroupinsurance.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:
- ☐ **CHECK**
- ☐ **DELETE** (only if driver will not be rehired)
- ☐ **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.

☐ **MasterCard** ☐ **VISA** ☐ **Discover** ☐ **American Express**

Card #: | **Expiration Date:**

Cardholder Name: | **Security Code:**

Billing Address:

III. DRIVER'S INFORMATION

First name: | **Last name:**

Date of birth: Minimum & Maximum age requirement may apply. | **Total Years CDL Class A:** 2-3 years minimum may be required.

Current CDL Class A Lic #: **State:** **Issue Date:**

Prior CDL Class A Lic #: **State:**

Will this driver be an Owner-Operator: ☐ **NO** ☐ **YES**

Will there be equipment changes: ☐ **NO** ☐ **YES, submit separate Vehicle Form**

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

For Office Use Only: ☐ **chk fin acct(s)**

AL _____ **MTC** _____ **PHYS** _____ **OTHER** _____

Rev 1.8.18