Plains Insurance

Providing our clients with knowledgeable, personalized and professional service.

DRIVER'S LIST

Named Insured: _____

Address: _____

Policy Carrier: _____

Policy Term: _____

Driver Name	Date of Birth	Drivers License #	Signature

* Ensure your operators have the appropriate class of license to operate these vehicles.

** This information may be shared with the Insured, Broker, Insurance Company and Employer.