

DRIVER SCHEDULE

Thompson - Gusic Insurance Group, Inc. FAX: (412) 271-8898

Driver #	Name	Date of Birth	State Licensed	License #	"Y" or "N" Have CDL?	"Y" or "N" Driver Transports Guests?	Veh. * Duties
Ex:	Jim Smith	12/31/75	NY	12345678	Y	N	E
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

* Duties =

"G" Drives Guests
 "E" = Drives Equipment or Errands

"S" = Salesperson or "All"