

Physician's name _____ phone () _____

20. How many motor vehicle accidents of any type or any cause have you, as an operator, been involved in during the past 3 years? _____ Please give full details, including approximate dates, time of day, etc.:

Describe ACCIDENT #1

Date _____ time of day _____ violation (type) _____

Who was at fault _____ Bodily injury ___ no ___ yes ___

Damage to your vehicle ___ no ___ yes--amount \$ _____ Damage to other property ___ no ___ yes ___
amount \$ _____ Description _____

Describe ACCIDENT #2

Date _____ time of day _____ violation (type) _____

Who was at fault _____ Bodily injury ___ no ___ yes ___

Damage to your vehicle ___ no ___ yes--amount \$ _____ Damage to other property ___ no ___ yes ___
amount \$ _____ Description _____

21. Indicate all driving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years. Please give full details below:

Describe VIOLATION #1

Date _____ time of day _____ location _____

Conviction ___ no ___ yes If speeding, legal limit _____ mph Your speed _____ mph Fine \$ _____

Remarks: _____

Describe VIOLATION #2

Date _____ time of day _____ location _____

Conviction ___ no ___ yes If speeding, legal limit _____ mph Your speed _____ mph Fine \$ _____

Remarks: _____

22. Commuting Travel Plans:

a. Origin of Trip (City/State/Zip) _____

b. Final Destination (City/State/Zip) _____

The above information is true and correct to the best of my knowledge. I understand that the misrepresentation or omission of any material fact, both at present and at any time in the future while I am a Driver/Back-up Driver in the Pace Vanpool Incentive Program, is grounds for disqualification of my participation in the program. I hereby authorize Pace to verify any information contained within this Application with appropriate agencies or other entities.

I understand that should any information provided be shown to be materially incorrect, misrepresented or incomplete, Pace reserves the right to deny Pace-provided insurance coverage as a result of any losses, damages or claims related to such information. I further understand that, in the event of denial of Pace-provided insurance coverage, I am assuming responsibility for any losses, damages, or claims related to any misrepresentations or omission of any material fact.

This application warrants a credit check, employment verification and/or verification of motor vehicle record history.

Signed: _____ Date: _____