

# KBS Insurance Schedule

Type or Print Legibly

**Owner-Operator Drivers of :** \_\_\_\_\_

Driver Name	License #	State Licensed	Date of Birth	Full / Part Time*	Type of Vehicle**

\* **Part-Time:**  
- 20 hours per week or less, or  
- Earns less than half avg. of full-time drivers

\*\* **Vehicle Type:**  
VN = Cargo Van  
SUV = Sport Utility Veh.  
TK = Truck (box/bobtail...)

PP = Private Passenger  
PU = Pickup  
MV = Minivan  
TT = Tractor-Traile.