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.