

## Certification Of Self-Employment

I here certify as true that during the period beginning \_\_\_\_\_ and  
continuing until \_\_\_\_\_ I was self-employed as follows:  
MM / DD / YY

Type of business: \_\_\_\_\_ If motor carrier, DOT Number \_\_\_\_\_  
MM / DD / YY

Name of business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM / DD / YY

Notary: \_\_\_\_\_ Date: \_\_\_\_\_ State: \_\_\_\_\_  
MM / DD / YY

Business References: 1. \_\_\_\_\_ Phone No. \_\_\_\_\_  
2. \_\_\_\_\_ Phone No. \_\_\_\_\_

## Insurance Information

My Business / Public Liability Insurance was provided by:

Name of Company: \_\_\_\_\_ Phone No. \_\_\_\_\_

Agent Name, Address: \_\_\_\_\_  
\_\_\_\_\_

Policy Number(s): \_\_\_\_\_ Limits of Coverage: \_\_\_\_\_

The information provided is true and correct, and may be used to secure information regarding my performance, accident and claim history, including copies of loss runs and claim information from insurers.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
MM / DD / YY

Signature: \_\_\_\_\_ Social Security No. \_\_\_\_\_