

# DRIVER INSURANCE QUESTIONNAIRE

Driver's First Name		Middle Initial	Last Name	
Driver's License Number	State	Date Originally Licensed	Date of Birth	Social Security Number
Phone Number	CDL License	Job Title	Current Personal Insurance Company	

**Please give specific descriptions, dates and other pertinent information for any of the questions answered below.  
Have you:**

1..Had any auto insurance company refused, cancelled or expired in the past 5 years?

2.Been required to file evidence of financial responsibility, SR22, in the past 5 years?

3.Had your driver's license or driving privileges revoked or suspended in the past 5 years?

4.Received a speeding, or any other vehicle code violation within the past 5 years?

5.Ever receive any felony convictions?

6.Had any physical or mental impairment or disability or other medical infirmity? e.g. heart, diabetes, epilepsy, hearing/sight/limb loss, back conditional or other medical infirmity

7.Had any comprehensive losses (deer, fire, glass, theft, etc) in the past 5 years?

8.While driving any motor vehicle, commercial or personal, been involved in an accident regardless of fault during the past 5 years? If yes, give details

9.Have any restrictions on license? If yes, please list

10.Any other pertinent information?

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.**

**I certify that I have given true and complete answers to the above questions. An incorrect answer, intentional or not, to any question above my jeopardize coverage. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy.**

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date