

DRIVER'S LICENSE QUESTIONNAIRE

PROPOSED INSURED _____ APPLICATION NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____

DATE OF BIRTH _____ NAME SHOWN ON LICENSE _____

IF YOU DO NOT HAVE A LICENSE, PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAVE YOU EVER BEEN A LICENSED DRIVER? ☐ YES ☐ NO

IF NO GIVE REASON WHY AND SIGN BELOW _____

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS AND SIGN BELOW:

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED? ☐ YES ☐ NO

IF YES, WHY? (INCLUDE DATE OF VIOLATIONS) _____

IF NO, WHY DO YOU CURRENTLY NOT HAVE A LICENSE? _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, OR NOT OBTAINED BECAUSE OF ALCOHOL RELATED PROBLEMS?

☐ YES ☐ NO

IF YES, PLEASE GIVE DETAILS: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, OR NOT OBTAINED BECAUSE OF HEALTH PROBLEMS?

☐ YES ☐ NO

IF YES, PLEASE GIVE DETAILS: _____

IF LICENSE SUSPENDED FOR REASON OTHER THAN ALCOHOL OR HEALTH RELATED, PLEASE GIVE REASON FOR SUSPENSION BELOW.

Details: _____

X _____ DATE _____
(PROPOSED INSURED'S SIGNATURE)

