

ADDITIONAL DRIVER HISTORY QUESTIONNAIRE



Policy Number: _____

Dear Policyholder:

For our records, we need additional information on _____. Please have _____ answer the questions on this form, sign and return it to us by _____.

1. Full name and address: _____ SEX: M/F 2. Occupation, Service Rank, or Pay Grade: _____

_____ 3. Relationship to Policyholder: _____

4. Marital Status: _____ 5. Date of Birth: _____
- | 6. a. Driver's License Numbers
(Including Learners' Permit numbers): | b. State Issued | c. Issue Date | d. Years Licensed |
|---|-----------------|---------------|-------------------|
| _____ | _____ | _____ | _____ |
7. Do you have any license restrictions? Yes No If Yes, please explain. _____

8. How many years have you owned an auto? _____
9. Name of your current Liability Insurance Company: _____
10. Have you completed a Defensive Driver Course? Yes No (May not be applicable in all states.)
Date of completion: _____
Certificate Number: _____
11. Have you had any accidents and/or traffic convictions within the last 5 years (3 years if you live in the District of Columbia, Delaware or Oklahoma), or any DUIs within the last 10 years (3 years if you live in the District of Columbia or Delaware and 5 years if you live in Oklahoma)? Yes No
12. Have you ever had your driver's license, permit or privilege suspended, revoked or refused (within 3 years if you live in the District of Columbia or Delaware, and 5 years if you live in Oklahoma)?
 Yes No
If Yes, when? _____ For how long? _____ and why? _____

13. Are you physically impaired? (Do not answer this question if you live in CA, IL, IN, MI, MN, OR or WI)

Yes No

If Yes, what is the nature of impairment? _____

How long impaired? _____ How long have you driven with your impairment? _____

Are you under a Doctor's care? _____ List any medication taken _____

14. Has any automobile insurance company ever refused, cancelled or refused to renew insurance for you?

(Do not answer if you live in the District of Columbia, Missouri, or Ohio) Yes No

If Yes, what company? _____ Give specific reason _____

15. What is your use of the policyholder's vehicle(s)?

Which Vehicle(s) Driven	Days Per Week to:		One Way Distance	Do You Use Any of the Vehicles for Business?	Your % of Use Including for Pleasure
	Work	School			
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you indicate business use, please describe: _____

If you are a student, do you reside: at home OR at school?

If at school, how many miles is the school from home? _____

Indicate the city and state of school: _____

If you do not reside with the insured or are a student away at school, do you have possession of any of the vehicles at your residence? Yes No

If so, which vehicle? _____

Please provide complete address _____

ACCIDENTS AND CONVICTIONS (Details for Question 11):

Date (mo/day/yr)	Time of Day		Accidents or Convictions	<u>Details:</u> Accident: Dollar damage to each car, injuries, who was at-fault, description. Conviction: Ticket type, amount of fine, your speed: _____ MPH speed zone: _____ MPH, other details.
	AM	PM		
	AM	PM	<input type="checkbox"/> Acc. <input type="checkbox"/> Conv.	
	AM	PM	<input type="checkbox"/> Acc. <input type="checkbox"/> Conv.	
	AM	PM	<input type="checkbox"/> Acc. <input type="checkbox"/> Conv.	
	AM	PM	<input type="checkbox"/> Acc. <input type="checkbox"/> Conv.	



Signature: _____



Policy No:

Home Phone: _____

Business Phone: _____



Business Use Questionnaire

Please answer all questions below

1. Description of vehicle (year and make):		1a. Registered owner:	
2. Is the vehicle driven for business by anyone other than yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state name, relationship and age. Name: _____ Relationship to you: _____ Date of birth: _____ Age: _____ License No.: _____ State of issuance: _____			
3. a. Occupation: b. Employer:			
4. a. Are you reimbursed by your employer for use of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Do you claim a tax deduction for use of your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Normal working hours? _____ Days per week driven to work? _____ Daily one way distance to work? _____	
5. a. If passengers are carried, please explain who they are, number and frequency. (Excluding commuting to work, pleasure usage, etc.) b. Is the vehicle used for a Transportation Network Company (TNC) i.e. Uber, UberX, Lyft, Sidecar? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Average mileage for business use (If it varies from week to week give best average). Daily: _____ Weekly: _____ Annual: _____			
7. Are there any commercial or retail advertising/signs (including magnetic/removable signs) on the vehicle? If yes, describe what type:			
8. Describe how the vehicle is used for business (service, deliveries, court, hospital visits, etc.).			
9. Describe merchandise, samples, equipment, instruments, materials, etc., carried.			
10. If deliveries are made, please state what is delivered and how many stops per day.			

11. Percent used for business:	
12. Remarks:	
	Your Signature: _____
	Date: _____

**Please Remember to Include your Policy Number Whenever you Contact us –
It's the Key to Fast and Accurate Service.**

