

DRIVER'S LICENSE QUESTIONNAIRE

APPLICATION NUMBER _____ PROPOSED INSURED _____

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

DETAILS: _____

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

YES NO

DETAILS: _____

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

DETAILS: _____

X _____

(PROPOSED INSURED'S SIGNATURE)

DATE _____

