

YOUNG DRIVERS QUESTIONNAIRE

(FOR DRIVERS UNDER THE AGE OF 25, MALE OR FEMALE)

Name of Insured: _____

Policy Number: _____

1. NAME OF YOUNG DRIVER: DATE OF BIRTH: _____ SEX _____ MARITAL STATUS _____ _____/_____/_____			9. DESCRIBE ANY ALTERATIONS OR SPECIAL EQUIPMENT ON THE AUTOMOBILE YOU OPERATE: ____ NONE		
2. DO YOU RESIDE WITH YOUR PARENTS? Yes / No IF NOT, WHERE? _____			10. HAVE YOU TAKEN AN ACCREDITED DRIVER TRAINING COURSE? Yes / No		
3. DO YOU HAVE ANY KIND OF PHYSICAL IMPAIRMENT? Yes / No IF YES, DESCRIBE: _____			IF YES, DID YOU PASS THE COURSE? Yes / No		
4. IF YOU ARE NOW A STUDENT, WHAT SCHOOL DO YOU ATTEND? ____ FULL TIME ____ PART TIME			11. DRIVER'S LICENSE # _____	STATE _____	EXPIRATION DATE _____ ____/____/_____
WHERE IS IT LOCATED? _____			12. WHEN FIRST LICENSED? (MONTH, YEAR) _____		STATE _____ ____/____
HOW OFTEN DO YOU DRIVE TO SCHOOL? _____	ONE WAY DISTANCE IN MILES? _____	HOW MANY OTHERS DO YOU TRANSPORT? _____	13. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? Yes / No IF YES, WHEN? _____ HOW LONG? _____		
5. ARE YOU EMPLOYED? Yes / No IF YES, NAME OF EMPLOYER? _____ DESCRIBE OCCUPATIONAL DUTIES: ____ FULL TIME ____ PART TIME			REASON: _____		
6. DO YOU HAVE AN AUTOMOBILE REGISTERED IN YOUR NAME? Yes / No IF YES, DESCRIBE AUTOMOBILE: _____			14. HAVE YOU EVEN BEEN CITED FOR A VIOLATION OF ANY TRAFFIC LAW? Yes / No DESCRIBE ALL CITATIONS IN THE PAST 3 YEARS AND GIVE DATES: _____		
7. IF YOU ANSWERED NO TO QUESTION 6, ANSWER THE FOLLOWING			15. HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT? Yes / No DESCRIBE ALL ACCIDENTS IN THE PAST 3 YEARS AND GIVE DATES: _____		
DO YOU HAVE FULL TIME USE OF AN AUTOMOBILE Yes / No	IF NO, WHAT PERCENTAGE? ____ 25% _____ 75% ____ 50% _____ 100%		16. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON OTHER THAN A TRAFFIC VIOLATION? Yes / No IF YES, GIVE DATES AND DETAILS: _____		
WHICH AUTOMOBILE OR AUTOMOBILES DO YOU DRIVE? _____			16. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON OTHER THAN A TRAFFIC VIOLATION? Yes / No IF YES, GIVE DATES AND DETAILS: _____		
8. DO YOU PERMIT OTHERS TO DRIVE? Yes / No IF YES, TO WHOM? _____			16. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON OTHER THAN A TRAFFIC VIOLATION? Yes / No IF YES, GIVE DATES AND DETAILS: _____		

DATE ____/____/____

SIGNATURE OF YOUNG DRIVER

DATE ____/____/____

SIGNATURE OF INSURED