



YOUNG DRIVER QUESTIONNAIRE

INSURED'S NAME	POLICY NUMBER
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THIS SECTION IS TO BE COMPLETED BY THE YOUNG DRIVER IN HIS/HER OWN HANDWRITING

NAME OF YOUNG DRIVER	DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE NUMBER
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DO YOU RESIDE WITH YOUR PARENTS IN A SINGLE OR DUAL HOUSEHOLD? <input type="checkbox"/> SINGLE <input type="checkbox"/> DUAL	IF YOU DO NOT RESIDE WITH YOUR PARENTS, WHERE DO YOU LIVE?
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DO YOU ATTEND SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF SCHOOL	HIGHEST GRADE COMPLETED
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HIGH SCHOOL GRADE AVERAGE	COLLEGE GRADE AVERAGE	LIST ANY SCHOOL/COMMUNITY ACTIVITIES	LIST ANY HONORS FOR SCHOLASTIC OR OTHER ACHIEVEMENTS
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HAVE YOU EVER BEEN EXPELLED, SUSPENDED, OR PLACED ON PROBATION BY ANY SCHOOL? IF YES, EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY DAYS A WEEK DO YOU DRIVE TO SCHOOL?	DISTANCE TO SCHOOL (ONE WAY)
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NAME AND ADDRESS OF EMPLOYER, IF ANY	DESCRIBE OCCUPATIONAL DUTIES	HOW MANY DAYS A WEEK DO YOU DRIVE TO WORK?	DISTANCE TO WORK (ONE WAY)
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WHICH CAR DO YOU DRIVE TO SCHOOL/WORK? (YEAR/MODEL)	DO YOU OWN OR HAVE YOU CONTRIBUTED TO THE PURCHASE OF ANY AUTO IN THE HOUSEHOLD? IF YES, EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW LONG HAVE YOU BEEN DRIVING AUTOMOBILES?
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HAVE YOU TAKEN AN ACCREDITED DRIVER TRAINING COURSE? IF YES, ATTACH CERTIFICATE. <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE YOUR USE OF ALCOHOLIC BEVERAGES & DRUGS
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IF ANY "YES" RESPONSES, PLEASE PROVIDE A COMPLETE EXPLANATION. (Attach Additional Sheets if More Space is Required)

	YES	NO
1. DO YOU HAVE ANY DRIVING LIMITATIONS IMPOSED BY YOUR PARENTS?	<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU ALLOW OTHERS TO USE YOUR CAR? (WHO AND WHY)	<input type="checkbox"/>	<input type="checkbox"/>
3. HAS YOUR DRIVER'S LICENSE OR PERMIT EVER BEEN REVOKED OR SUSPENDED?	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU EVER RECEIVED A TICKET, CITATION, OR WARNING FOR ANY TRAFFIC VIOLATION OTHER THAN PARKING? (GIVE DATES AND DETAILS)	<input type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU EVER BEEN IN AN ACCIDENT AS A DRIVER? (GIVE DATES AND DETAILS)	<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON, OTHER THAN A TRAFFIC VIOLATION? (GIVE DATES AND DETAILS)	<input type="checkbox"/>	<input type="checkbox"/>
7. IS THE AUTO YOU OPERATE MODIFIED OR EQUIPPED WITH ANY SPECIAL EQUIPMENT, HAVE MODIFIED BODYWORK, OR SPECIAL PAINT?	<input type="checkbox"/>	<input type="checkbox"/>
8. HAVE YOU EVER HAD AUTO INSURANCE DECLINED OR CANCELLED? (GIVE DATES AND DETAILS) (NOT APPLICABLE IN THE DISTRICT OF COLUMBIA, MISSOURI OR OHIO)	<input type="checkbox"/>	<input type="checkbox"/>

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, OH, OK, OR or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (Kansas: This does not constitute a warranty.)

YOUNG DRIVER'S SIGNATURE	DATE (MM/DD/YYYY)	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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AGENT'S COMMENTS