

Driver Information For Commercial Vehicle Insurance

(Please PRINT or TYPE information)

Name of Insured: _____

Date: _____ Policy No.: _____

Driver's Name: _____ Birth Date: ____/____/____ Sex: M F

Driver License No.: _____ Social Security No.: _____

Is this a Commercial Drivers License? Yes No Church Vehicle Driven: Bus Van

Indicate if Primary Driver*: Yes No If not primary, DO NOT SEND TO COMPANY

*Primary driver means: A driver who drives the vehicle more than once per month or more than 12 times per year. (Please limit drivers to no more than 4 primary per vehicle.)

During the past three (3) years:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you been involved in any accidents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were you at fault? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Had any moving traffic violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Had any company cancel or refuse to provide you auto insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Had your driver's license revoked, suspended or restricted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Had any physical impairments other than corrective glasses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any question(s) 1-6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation).

A-99 (Rev. 7-00)

Note: Driver may not be eligible if 1-6 are answered "Yes."

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