

## **DRIVING VIOLATIONS QUESTIONNAIRE**

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_  
 AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_  
 TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_  
 LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED  
**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**1. PLEASE LIST DATES OF ALL MOTOR VEHICLE AND SPEEDING VIOLATIONS OVER THE PAST FIVE YEARS:**

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DETAIL \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**5. WITHIN THE LAST SIX YEARS, LIST THE OCCASION(S) AND DATE(S) OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS:**

DETAIL \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DETAIL \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DETAIL \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**2. DOES CLIENT CURRENTLY HOLD A VALID DRIVER'S LICENSE?**

NO  YES, STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**3. DETAIL LAST MOVING VIOLATIONS OTHER THAN SPEEDING:**

NONE

TYPE \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

TYPE \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

TYPE \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**4. DETAIL ACCIDENTS INVOLVING MAJOR PROPERTY DAMAGE, IF ANY:**

NONE

DETAIL \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DETAIL \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**6. HAS CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?**

NO  YES, DETAIL:

MONTH(S) \_\_\_\_\_ YEAR \_\_\_\_\_

PLACE \_\_\_\_\_

**7. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY) ALONG WITH ALL MEDS AND VITAMINS TAKEN (INCLUDE DOSAGE AND FREQUENCY:**

\_\_\_\_\_  
 \_\_\_\_\_