



YOUNG DRIVER QUESTIONNAIRE

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

THIS SECTION IS TO BE COMPLETED BY THE YOUNG DRIVER IN HIS / HER OWN HANDWRITING

FIRST NAME OF YOUNG DRIVER	MIDDLE NAME	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE NUMBER
DO YOU RESIDE WITH YOUR PARENTS IN A SINGLE OR DUAL* HOUSEHOLD? <small>* Two Locations</small>	<input type="checkbox"/> SINGLE <input type="checkbox"/> DUAL*	IF YOU DO NOT RESIDE WITH YOUR PARENTS, WHERE DO YOU LIVE?		
DO YOU ATTEND SCHOOL? <input type="checkbox"/> Y / N	HIGHEST GRADE COMPLETED	HIGH SCHOOL GRADE AVERAGE	COLLEGE GRADE AVERAGE	HOW MANY DAYS A WEEK DO YOU DRIVE TO SCHOOL?
NAME OF SCHOOL		STREET	CITY	STATE ZIP
HAVE YOU EVER BEEN EXPELLED, SUSPENDED, OR PLACED ON PROBATION BY ANY SCHOOL? IF YES, EXPLAIN. <input type="checkbox"/> Y / N				
LIST ANY SCHOOL / COMMUNITY ACTIVITIES			LIST ANY HONORS FOR SCHOLASTIC OR OTHER ACHIEVEMENTS	
NAME OF EMPLOYER		STREET	CITY	STATE ZIP
DESCRIBE OCCUPATIONAL DUTIES	WHICH CAR DO YOU DRIVE TO SCHOOL / WORK? YEAR MAKE MODEL		HOW MANY DAYS A WEEK DO YOU DRIVE TO WORK?	DISTANCE TO WORK (ONE WAY)
DO YOU OWN OR HAVE YOU CONTRIBUTED TO THE PURCHASE OF ANY AUTO IN THE HOUSEHOLD? IF YES, EXPLAIN. <input type="checkbox"/> Y / N				HOW LONG HAVE YOU BEEN DRIVING AUTOMOBILES?
HAVE YOU TAKEN AN ACCREDITED DRIVER TRAINING COURSE? IF YES, ATTACH CERTIFICATE. <input type="checkbox"/> Y / N		DESCRIBE YOUR USE OF ALCOHOLIC BEVERAGES & DRUGS		

GENERAL INFORMATION

IF ANY "YES" RESPONSES, PLEASE PROVIDE A COMPLETE EXPLANATION. (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	Y / N						
1. DO YOU HAVE ANY DRIVING LIMITATIONS IMPOSED BY YOUR PARENTS?							
2. DO YOU ALLOW OTHERS TO USE YOUR CAR? (Who and why)							
3. HAS YOUR DRIVER'S LICENSE OR PERMIT BEEN REVOKED OR SUSPENDED DURING THE LAST THREE (3) YEARS?							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">SUSPENSION PERIOD</th> <th style="width:40%;">EXPLANATION</th> <th style="width:30%;">REINSTATEMENT DATE</th> </tr> <tr> <td>Start Date: _____ End Date: _____</td> <td></td> <td></td> </tr> </table>	SUSPENSION PERIOD	EXPLANATION	REINSTATEMENT DATE	Start Date: _____ End Date: _____			
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Start Date: _____ End Date: _____							
4. HAVE YOU RECEIVED ANY TRAFFIC VIOLATION* / CONVICTION OTHER THAN PARKING? (* Not applicable in Oregon)							
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5. HAVE YOU HAD ANY ACCIDENTS AS A DRIVER? (During the last three (3) years in Oregon)							
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6. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON, OTHER THAN A TRAFFIC VIOLATION? (Not applicable in Oregon)							
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7. IS THE AUTO YOU OPERATE MODIFIED OR EQUIPPED WITH ANY SPECIAL EQUIPMENT, HAVE MODIFIED BODYWORK, OR SPECIAL PAINT?							
8. ANY AUTO INSURANCE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Not applicable in the District of Columbia or Ohio) (Missouri Applicants - Do not answer this question)							

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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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