



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Driving Violations Questionnaire

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
Proposed Insured: _____ Date of Birth: ___/___/_____
Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
Amount of Coverage \$ _____ Product Type _____

1. List all speeding violations over the past five years:

Month _____ Year _____ Month _____ Year _____
Month _____ Year _____ Month _____ Year _____

2. Does the client currently hold a valid driver's license? [] Yes [] No

If yes, please detail: State _____ Expiration Date _____

3. Detail last moving violations other than speeding, if any: [] None

Type _____ Month _____ Year _____
Type _____ Month _____ Year _____

4. Detail accidents involving major property damage, if any:

Detail _____
Month _____ Year _____
Detail _____
Month _____ Year _____

5. Within the last six years, list the occasion and date of driving under the influence (DUI) arrests and convictions: [] None

Month _____ Year _____ Month _____ Year _____
Month _____ Year _____ Month _____ Year _____

6. Has the client ever been treated for substance abuse? [] Yes [] No

If yes, please detail: Month _____ Year _____ Place _____

7. Client's marital status: [] Married [] Single [] Divorced [] Widowed

8. Client's occupation _____

9. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each: _____