

# Field Underwriting Questionnaire - Driving Violations

Name: \_\_\_\_\_

Male  Female    DOB \_\_\_\_\_

Height \_\_\_\_\_    Weight \_\_\_\_\_

Smoker?     Yes     No

Insurance Amount \_\_\_\_\_

Insurance Type  UL/WL     Term

1. When was applicant's last speeding violation?

Month/year \_\_\_\_\_

2. List all speeding violations in the last

five (5) years.

Month/year \_\_\_\_\_

Month/year \_\_\_\_\_

Month/year \_\_\_\_\_

Month/year \_\_\_\_\_

Month/year \_\_\_\_\_

3. Do you currently hold a valid driver's license?

Yes     No

What state? \_\_\_\_\_

Expiration date: \_\_\_\_\_

4. When was applicant's last minor moving violation (other than speeding)?

Violation \_\_\_\_\_

Month/year \_\_\_\_\_

5. When was applicant's last accident involving major property damage (if any)?

Month/year \_\_\_\_\_

6. Has the applicant ever been convicted of driving under the influence of alcohol? (List all convictions)

Yes     No

Month/year \_\_\_\_\_

Month/year \_\_\_\_\_

Month/year \_\_\_\_\_

7. When was the applicant's last incident of driving under the influence of alcohol or drugs?

Month/year \_\_\_\_\_

8. Are you currently, or have you ever been treated for alcohol or substance abuse?

Yes     No

If yes, month/year \_\_\_\_\_

Where? \_\_\_\_\_

9. Applicant's occupation? \_\_\_\_\_

10. Applicant's marital status?

Married

Single

Divorced

11. Last life insurance application and result.

Company \_\_\_\_\_

Date applied \_\_\_\_\_

Action taken:

Rated table \_\_\_\_\_

Postponed

Declined

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agent \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_