



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?		IF YOU DO NOT RESIDE WITH YOUR PARENTS, WHERE DO YOU LIVE?		
<input type="checkbox"/> SINGLE <input type="checkbox"/> DUAL				
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	DISTANCE TO SCHOOL (ONE WAY)
NAME OF SCHOOL				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?		HOW MANY DAYS A WEEK DO YOU DRIVE TO WORK?
		YEAR MAKE	MODEL	DISTANCE TO WORK (ONE WAY)
DO YOU OWN OR HAVE YOU CONTRIBUTED TO THE PURCHASE OF ANY AUTO IN THE HOUSEHOLD? IF YES, EXPLAIN.				HOW LONG HAVE YOU BEEN DRIVING AUTOMOBILES?
<input type="checkbox"/> Y / N				
HAVE YOU TAKEN AN ACCREDITED DRIVER TRAINING COURSE? IF YES, ATTACH CERTIFICATE.		DESCRIBE YOUR USE OF ALCOHOLIC BEVERAGES & DRUGS		
<input type="checkbox"/> Y / N				

GENERAL INFORMATION

IF ANY "YES" RESPONSES, PLEASE PROVIDE A COMPLETE EXPLANATION. (Attach ACORD 101, Additional Remarks Schedule, 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 HAS YOUR DRIVER'S LICENSE OR PERMIT EVER BEEN REVOKED OR SUSPENDED?	
4. HAVE YOU EVER RECEIVED A TICKET, CITATION, OR WARNING FOR ANY TRAFFIC VIOLATION OTHER THAN PARKING? (Give dates and details)	
5. HAVE YOU EVER BEEN IN AN ACCIDENT AS A DRIVER? (Give dates and details)	
6. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON, OTHER THAN A TRAFFIC VIOLATION? (Give dates and details)	
7. IS THE AUTO YOU OPERATE MODIFIED OR EQUIPPED WITH ANY SPECIAL EQUIPMENT, HAVE MODIFIED BODYWORK, OR SPECIAL PAINT?	
8. HAVE YOU EVER HAD AUTO INSURANCE DECLINED OR CANCELLED? (Give dates and details) (Not applicable in the District of Columbia or Ohio) (Missouri Applicants - Do not answer this question)	