



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 HAS YOUR DRIVER'S LICENSE OR PERMIT BEEN REVOKED OR SUSPENDED DURING THE LAST THREE (3) YEARS?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: _____				
SUSPENSION PERIOD	EXPLANATION	REINSTATEMENT DATE						
Start Date: _____ End Date: _____								
4. HAVE YOU RECEIVED ANY TRAFFIC VIOLATION* / CONVICTION OTHER THAN PARKING? (* Not applicable in Oregon)								
DATE	EXPLANATION							
5. HAVE YOU HAD ANY ACCIDENTS AS A DRIVER? (During the last three (3) years in Oregon)								
DATE	EXPLANATION							
6. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON, OTHER THAN A TRAFFIC VIOLATION? (Not applicable in Oregon)								
DATE	EXPLANATION							
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) (Arizona and Missouri Applicants - Do not answer this question)								

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

FRAUD STATEMENTS / SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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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