



DRIVING HISTORY QUESTIONNAIRE TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

Driver's License No.: _____

1) Within the past 3 years, have you had any of the following moving violations? If yes, provide dates:

- a) Speeding Infractions: No Yes _____
- b) Improper Turns: No Yes _____
- c) Traffic Signal Offenses: No Yes _____
- d) Failure to Yield: No Yes _____
- e) Driving on Suspended License: No Yes _____
- f) Other: _____

2) Within the past 5 years, have you been convicted of any of the following? If yes, provide dates:

- a) Careless or Reckless Driving: No Yes _____
- b) Driving under the Influence (DUI)*: No Yes _____
- c) Driving while Intoxicated (DWI)*: No Yes _____
- d) Other: _____

* IF ANY DUI / DWI HISTORY, PLEASE COMPLETE ALCOHOL QUESTIONNAIRE

3) Have you ever had any accidents? No Yes If yes, provide details, including fault:

4) Is your license currently suspended? No Yes If yes, provide reason and anticipated reinstatement:

5) Please provide any additional information you feel is important concerning your driving history:

I understand that this declaration will be relied upon by 1891 Financial Life in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge and belief.

Signature of Proposed Insured Date
If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery