



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 details concerning your driving history:

I understand that this declaration will be relied upon by 1891 Financial Life Insurance 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