



## 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 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*