



financial life

A Fraternal Benefit Society

200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
847-342-4500
info@1891FinancialLife.com
www.1891FinancialLife.com

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. A false statement on this application will not prevent the right to receive the benefit unless the false statement was made with the actual intent to deceive and unless it materially affected the acceptance of the risk assumed by the insurer. 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