AGENCY CUSTOMER ID: _____

DRIVER #: _____

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? ☐ SINGLE ☐ DUAL

IF YOU DO NOT RESIDE WITH YOUR PARENTS, WHERE DO YOU LIVE?

DO YOU ATTEND SCHOOL? ☐ Y / N	HIGHEST GRADE COMPLETED	HIGH SCHOOL GRADE AVERAGE	COLLEGE GRADE AVERAGE	HOW MANY DAYS A WEEK DO YOU DRIVE TO SCHOOL?	DISTANCE TO SCHOOL (ONE WAY)

NAME OF SCHOOL	STREET	CITY	STATE	ZIP

HAVE YOU EVER BEEN EXPELLED, SUSPENDED, OR PLACED ON PROBATION BY ANY SCHOOL? IF YES, EXPLAIN. ☐ 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. ☐ Y / N	HOW LONG HAVE YOU BEEN DRIVING AUTOMOBILES?

HAVE YOU TAKEN AN ACCREDITED DRIVER TRAINING COURSE? IF YES, ATTACH CERTIFICATE. ☐ Y / N	DESCRIBE YOUR USE OF ALCOHOLIC BEVERAGES & DRUGS

GENERAL INFORMATION

IF ANY "YES" RESPONSES, PLEASE PROVIDE A COMPLETE EXPLANATION. (Attach ACORD 101, Additional Remarks Schedule, 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 HAS YOUR DRIVER'S LICENSE OR PERMIT EVER BEEN REVOKED OR SUSPENDED?	
4. HAVE YOU EVER RECEIVED A TICKET, CITATION, OR WARNING FOR ANY TRAFFIC VIOLATION OTHER THAN PARKING? (Give dates and details)	
5. HAVE YOU EVER BEEN IN AN ACCIDENT AS A DRIVER? (Give dates and details)	
6. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON, OTHER THAN A TRAFFIC VIOLATION? (Give dates and details)	
7. IS THE AUTO YOU OPERATE MODIFIED OR EQUIPPED WITH ANY SPECIAL EQUIPMENT, HAVE MODIFIED BODYWORK, OR SPECIAL PAINT?	
8. HAVE YOU EVER HAD AUTO INSURANCE DECLINED OR CANCELLED? (Give dates and details) (Not applicable in the District of Columbia or Ohio) **(Missouri Applicants - Do not answer this question)**	

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AGENCY CUSTOMER ID: _____

DRIVER #: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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