



Field Underwriting Questionnaire - Driving Violations

Name: _____

Male Female DOB _____

Height _____ Weight _____

Smoker? Yes No

Insurance Amount _____

Insurance Type UL/WL Term

1. When was applicant's last speeding violation?
Month/year _____

2. List all speeding violations in the last five (5) years.
Month/year _____

Month/year _____

Month/year _____

Month/year _____

Month/year _____

3. Do you currently hold a valid driver's license?
 Yes No

What state? _____

Expiration date: _____

4. When was applicant's last minor moving violation (other than speeding)?

Violation _____

Month/year _____

5. When was applicant's last accident involving major property damage (if any)?

Month/year _____

6. Has the applicant ever been convicted of driving under the influence of alcohol? (List all convictions)
 Yes No

Month/year _____

Month/year _____

Month/year _____

7. When was the applicant's last incident of driving under the influence of alcohol or drugs?

Month/year _____

8. Are you currently, or have you ever been treated for alcohol or substance abuse?
 Yes No

If yes, month/year _____

Where? _____

9. Applicant's occupation?

10. Applicant's marital status?
 Married
 Single
 Divorced

11. Last life insurance application and result.
Company _____
Date applied _____
Action taken:
 Rated table _____
 Postponed
 Declined

Notes: _____

Agent _____

Address _____

Phone _____ Fax _____