

YOUNG DRIVER QUESTIONNAIRE

POLICY HOLDER INFORMATION

DATE		SUBMITTED BY	
NAMED INSURED		POLICY NUMBER	

DRIVER INFORMATION

NAME OF DRIVER							
DATE OF BIRTH		AGE		DRIVER LICENSE #			
RESIDENCE ADDRESS							
WHO DO YOU RESIDE WITH?	SELECT		DO YOU ATTEND SCHOOL?		YES		NO

EDUCATION INFORMATION

HIGHEST GRADE COMPLETED	SELECT	HOW MANY DAYS A WEEK DO YOU DRIVE TO SCHOOL?	
HIGH SCHOOL GRADE AVERAGE		DISTANCE TO SCHOOL (ONE WAY)	MILES
COLLEGE GRADE AVERAGE		HAVE YOU COMPLETED DRIVER TRAINING COURSE?	YES NO
NAME OF SCHOOL CURRENTLY ATTENDING			
STREET		CITY	ZIP
HAVE YOU EVER BEEN EXPELLED, SUSPENDED, OR PLACED ON PROBATION BY ANY SCHOOL?			Y N
LIST ANY SCHOOL/COMMUNITY ACTIVITIES:			
LIST ANY HONORS FOR SCHOLASTIC OR OTHER ACHIEVEMENTS:			

EMPLOYMENT INFORMATION

NAME OF EMPLOYER			
STREET ADDRESS			
CITY		ZIP	HOW MANY HOURS DO YOU WORK PER WEEK?
DUTIES			HOW MANY DAYS PER WEEK DO YOU DRIVE TO WORK?

PRIMARY VEHICLE INFORMATION

YEAR		MAKE		MODEL	
ANY SPECIAL EQUIPMENT OR CUSTOMIZATION OF VEHICLE		YES		NO	IF YES, EXPLAIN BELOW

GENERAL INFORMATION

DO YOU OWN OR HAVE YOU CONTRIBUTED TO THE PURCHASE OF ANY AUTO IN THE HOUSEHOLD? (IF YES, EXPLAIN)		YES		NO
HOW LONG HAVE YOU BEEN DRIVING AUTOMOBILES?		YRS		MONTHS
HAVE YOU RECEIVED ANY DRIVING CITATIONS? (IF YES, EXPLAIN)		YES		NO
DO YOU HAVE ANY DRIVING LIMITATIONS IMPOSED BY YOUR PARENTS?		YES		NO
DO YOU ALLOW OTHERS TO USE YOUR CAR?		YES		NO
HAVE YOU EVER BEEN IN AN ACCIDENT AS A DRIVER?		YES		NO
HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON?		YES		NO
HAVE YOU EVER HAD AUTO INSURANCE DECLINED OR CANCELLED?		YES		NO

ADDITIONAL INFORMATION

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Driver's Signature: _____

Date: _____