

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 _____
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
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
- If yes, month/year _____
Where? _____
- Notes: _____

- Agent _____
Address _____
Phone _____ Fax _____