U.S. FINANCIAL LIFE Insurance Co.

DRIVING QUESTIONNAIRE

Name: _____ Date of Birth: _____

Cigarette Smoker: ☐ Yes ☐ No Quantity per day: _____

Occupation: _____

1. Do you currently hold a valid driver's license? ☐ Yes ☐ No
   If yes, State: _____
   License number: _____ Expiration date: _____
   If no, date of suspension: _____ Length of suspension: _____
2. List all speeding violations within the last five years:
   Month / year _____ Amount over limit: _____
   Month / year _____ Amount over limit: _____
   Month / year _____ Amount over limit: _____
   Month / year _____ Amount over limit: _____
3. List all moving violations other than speeding within the last five years:
   Month / year: _____ Violation: _____
   Month / year: _____ Violation: _____
   Month / year: _____ Violation: _____
   Month / year: _____ Violation: _____
4. List all accidents involving property damage within the last five years:
   Month / year: _____
   Month / year: _____
   Month / year: _____
5. Have you ever been treated for alcohol or substance abuse? ☐ Yes ☐ No
   If yes, Month / year _____ Where? _____

Notes/comments: _____

_____

_____

Agent: _____

Address: _____

Phone: _____ Fax: _____

Signature of Proposed Insured: _____ Date: _____