

## Field Underwriting Questionnaire - Driving Violations Fax to: 608-756-0048

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 \_\_\_\_\_