

Driving Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:					
DOB:	Gender	Height	Weight	Marital Status	
Occupation & Length of Employment:					
Tobacco Use	Never Used	Totally Stopped		Current User	
		Date Stopped		Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$	

Essential Information

1	In the past 5 years, has the client's driver's license been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, give details</i>	
2	In the past 5 years, has the client been convicted of, pled guilty or no contest to, reckless driving or driving under the influence of alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, give details</i>	