

# DRIVER QUESTIONNAIRE

(To be completed by EACH driver)

COMPANY NAME: WV LIONS SIGHT CONSERVATION FOUNDATION

Name of Driver: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Lions Club: \_\_\_\_\_ District: 29 - L - I - O - N

Home Address (as registered with DMV): \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Restrictions/Codes \_\_\_\_\_

Hazardous materials certification: \_\_\_\_ (YES) \_\_\_\_ [NO] CDL Cert \_\_\_\_ (YES) \_\_\_\_ [NO]

Has any company ever cancelled or declined insurance for you during the last five years?

YES ( ) NO ( ) Explain: \_\_\_\_\_

Are you physically impaired? NO ( ) YES ( ) Explain: \_\_\_\_\_

Date of present employment: \_\_\_\_\_ If less than three years, please list previous

Employment and positions held: \_\_\_\_\_

Please list all accidents and violations you have been involved in (even if not a t fault) during last five years:

<u>DESCRIPTION</u>	<u>DATE</u>	<u>WHERE</u>
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I certify the above information is complete and accurate to the best of my knowledge and belief.

DATE: \_\_\_\_\_ SIGNATURE OF DRIVER: \_\_\_\_\_

THIS FORM MUST BE SIGNED

\_\_\_\_\_  
(Print Name)

The information you are providing will be used to secure a current Motorist Vehicle Report. No information will be used for other purposes – i.e. individual credit reports. Your driver's record is an important consideration by any insurance carrier when underwriting the submission of any account.

(11.08)

