

DRIVER QUESTIONNAIRE

(To be completed by EACH driver)

COMPANY NAME: WV LIONS SIGHT CONSERVATION

Name of Driver: _____ **Marital Status:** _____

Home Address (as registered with DMV): _____

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:** _____

(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.

THIS FORM MUST BE SIGNED

(01.08)

