

# 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)

