



# COMMERCIAL DRIVER QUESTIONNAIRE #11

1. POLICYHOLDER'S NAME	POLICY NUMBER	AGENT NO.	AGENT NAME
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POLICYHOLDER'S ADDRESS

DRIVER INFORMATION	2. DRIVER'S FIRST NAME		MIDDLE INITIAL	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	LICENSE NUMBER	STATE	Prior State And Operator's Number If Less Than 3 Years	Date First Licensed Or Date Of Permit	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	COMMERCIAL DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE HIRED	JOB TITLE	DRIVER'S AUTO INSURANCE COMPANY		HOME PHONE NUMBER

**3. WARNING: An incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes," give details in space provided.**

	YES	NO
<b>Has driver:</b>		
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? or been excluded or restricted on a policy in the past 5 years? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>OHIO ONLY:</b> Had any auto insurance refused, cancelled or expired for:		
(1) Material misrepresentation in application or in submission of claims? .....	<input type="checkbox"/>	<input type="checkbox"/>
(2) Suspension, revocation or expiration of operator's license of named insured or principal operator? .....	<input type="checkbox"/>	<input type="checkbox"/>
(b) Been required to file evidence of financial responsibility in the past 5 years? .....	<input type="checkbox"/>	<input type="checkbox"/>
(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (Give date and reason.) .....	<input type="checkbox"/>	<input type="checkbox"/>
(d) Received a ticket for speeding, a PBJ (PJC in NC), or any other vehicle code violation within the past 5 years? .....	<input type="checkbox"/>	<input type="checkbox"/>
(If "Yes," give date and description of violation(s). If speeding, include your actual speed and the speed limit.)		
(e) Ever receive any felony convictions? Give date, description and penalty. ....	<input type="checkbox"/>	<input type="checkbox"/>
(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing, sight or limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed. ....	<input type="checkbox"/>	<input type="checkbox"/>
(g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years? .....	<input type="checkbox"/>	<input type="checkbox"/>
(h) While driving any motor vehicle, commercial or personal, been involved in an accident during the past 5 years? .....	<input type="checkbox"/>	<input type="checkbox"/>
Describe all accidents regardless of who was at fault under No. 8 below.		
(i) <b>FOR MD ONLY:</b> Refused to submit to a chemical test or been given probation before judgment for an alcohol violation in the past 3 years? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>(NOTE FOR DC ONLY:</b> Question 3(a) not applicable. For questions (b), (c),(d), (g), (h) & (i), ask for 3 year record only.)		
<b>(NOTE FOR MD ONLY:</b> For Questions 3 (a), (b), (c), (d), (g), (h) & (i) ask for 3 year record only.)		
<b>(NOTE FOR WI ONLY:</b> Question 3(f) not applicable.)		

**Details for "Yes" answers:**

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4. List driver's previous experience driving types of commercial vehicles insured and any safety courses completed .....

5. Does driver take home any company autos on a regular basis?  Yes  No If yes, what vehicle(s) .....

6. Does driver have any restrictions on license?  Yes  No If yes, what are the restrictions? .....

7. Were MVRs/CLUES ordered on any/all drivers?  Yes  No If "Yes," attach copies.

8. OTHER PERTINENT INFORMATION \_\_\_\_\_

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**AGENT:** Do you consider this an acceptable risk? .....

Agent's Signature .....

<b>PLEASE READ:</b>	
<b>DC APPLICANT(S)</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>MD APPLICANT(S)</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>NY APPLICANT(S) (Fraud Warning)</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
<b>OHIO APPLICANT(S)</b>	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>PA APPLICANT(S)</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
<b>TN &amp; VA APPLICANT(S)</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>WV APPLICANT(S)</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>OTHER APPLICANT(S)</b>	Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.

<b>COMMERCIAL DRIVER SIGNATURE</b>	<p><b>I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy.</b></p> <p>DRIVER'S SIGNATURE ..... Date .....</p>
<b>POLICY-HOLDER SIGNATURE</b>	<p>POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) SIGNATURE ..... Date .....</p> <p>Title .....</p>

# Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

\_\_\_\_\_  
Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: \_\_\_\_\_  
Print name as it appears on driver's license

License Number & State: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of employee/potential employee: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Authorized Representative Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_