



Driver Screening

Driver's Name *(as shown on license)* _____

Date of Birth: _____

Driver's License State and Number: _____ # _____

Is this a Commercial Driver License? Y N

Which vehicle will you be driving? Make _____ Model _____ Yr. _____

Are you the primary driver? Y N

(Primary driver means you drive the vehicle more than once per month or more than 12 times per year).

Insurance Company: _____ Policy Number: _____ Exp. _____

In the past THREE years:

- 1. Have you been at fault for any accidents? Y N
- 2. Have you had any moving traffic violations? Y N
- 3. Have you had any insurance company cancel or refuse to provide you with auto insurance? Y N
- 4. Have you had your driver's license revoked, suspended, or restricted? Y N
- 5. Have you had any physical impairment other than corrective glasses? Y N

Have you EVER been charged with or convicted of "driving while intoxicated" or "driving under the influence"? Y N

If you answered YES to any questions in this section, please provide full details below: (dates, descriptions, amounts, or other explanation).

Driver Signed: _____ Date: _____

License and Insurance Verified by: _____ Date: _____