

# Driver Qualification Questionnaire

Information gathered from this questionnaire is used to qualify the risk and insurability of potential drivers of company-owned vehicles and/or equipment for On Trac, Incorporated [Policy ACP BAPC 7152083121]. EACH question MUST be answered. If checking "YES" to any of the questions below you must provide details- use space provided or attach additional pages. NOTICE: An incorrect answer, whether intentional or not, may result in refusal to offer insurability under the applicant named below. The questions below apply to ALL vehicle/driving history, regardless of whether the incidences involve personal use or commercial use of a vehicle and/or equipment.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Current DL # & State: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Current Driving/License restrictions (if any): \_\_\_\_\_

List ANY other/prior Driver Licenses within the past 3 years (include State of Issue and DL#): \_\_\_\_\_

A. Have you 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?  NO  YES

(If "YES" give company name and reason) \_\_\_\_\_

B. Have you been required to file an evidence of financial responsibility in the past 5 years?  NO  YES

(If "YES" give date and reason) \_\_\_\_\_

C. Have you had your driver license or driving privileges revoked or suspended in the past 5 years?  NO  YES

(If "YES", give date and reason) \_\_\_\_\_

D. Have you received a ticket for any vehicle code violation within the past 5 years?  NO  YES

(If "YES" give date and reason and speed if speeding violation) \_\_\_\_\_

E. Have you ever been arrested for any reason?  NO  YES

(If "YES" give date, place & reason for arrest. If convicted give penalty) \_\_\_\_\_

F. Have you had a physical or mental impairment or disability or other medical infirmity?  NO  YES

(If "YES" give details of condition and treatment) \_\_\_\_\_

G. Have you had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in past 5 years?  NO  YES

(If "YES" give details) \_\_\_\_\_

H. Have you been involved in an accident (regardless of fault) during past 5 years?  NO  YES

(If "YES" give description and include date, location, \$ damages) \_\_\_\_\_

***I certify I have given true and correct 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.***

Applicant Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

Wyatt Insurances Services, Inc., 312 Prosperity Drive, Suite 105, Knoxville TN 37923, Phone: 865-470-9654 / FAX: 865-470-9431