

DRIVER QUESTIONNAIRE

The insurance company may require a Driver Questionnaire for any licensed driver in the household or any driver who drives an insured vehicle. Failure to complete and return the Questionnaire or incorrect or incomplete answers, intentional or not, to any question may jeopardize continuing coverage.

AGENT #	AGENT NAME: O'Connor Insurance Associates, Inc.	POLICY NUMBER:	
NAMED INSURED:		RELATIONSHIP TO DRIVER:	
NAME OF DRIVER EXACTLY AS IT APPEARS ON DRIVER'S LICENSE OR PERMIT:			HOME PHONE:
			MALE FEMALE
IF NAME HAS CHANGED WITHIN PAST 60 DAYS, PRIOR NAME:			WORK PHONE:
DATE OF BIRTH:	DRIVERS LICENSE OR PERMIT NUMBER:	SOCIAL SECURITY NUMBER:	CELL PHONE:
DATE OF LICENSE:	ANY RESTRICTIONS ON LICENSE? YES NO EXPLAIN:	MARITAL STATUS:	IF SPOUSE, DATE OF MARRIAGE:
COMPLETE ADDRESS:		TOWNSHIP:	COUNTY:
HOW LONG AT PRESENT ADDRESS?	IF LESS THAN THREE YEARS, GIVE PREVIOUS ADDRESS (NOT MILITARY):		
OCCUPATION:	EMPLOYER AND ADDRESS OR NAME OF SCHOOL:		
NAME AND POLICY NUMBER OF CURRENT OR PRIOR INSURANCE COMPANY: NAME: #:		IF CONTINUING CURRENT INSURANCE, LIST YEAR, MAKE, MODEL OF YOUR AUTOS:	
HAVE YOU EVER HAD ERIE INSURANCE? IF YES, PROVIDE WHEN, NAME ON POLICY, POLICY NUMBER.			
Has driver had any auto insurance refused, cancelled, expired or been excluded on a policy in the past 3 years? (Circle correct answer) If yes, give date, reason and name of insurance company and policy number. YES NO			
...../...../.....			
Has driver been required to file evidence of financial responsibility in the past 3 years? If yes, give date and reason. YES NO			
...../...../.....			
Has driver had their driver's license, permit or driving privileges revoked or suspended in the past 3 years? If yes, give date and reason. YES NO			
...../...../.....			
Has driver received a ticket for speeding or any other vehicle code violation in the past 3 years? If yes, give the date and the description of violation(s). If speeding, give your actual speed and the speed limit. YES NO			
...../...../.....			
...../...../.....			
...../...../.....			
Has driver ever been arrested for ANY reason? If yes, give date, place of arrest, conviction and penalty. YES NO			
...../...../.....			
Does driver have a physical or mental impairment or disability or other medical infirmity? Identify any such condition (heart, diabetes, epilepsy, hearing/sight/limb loss, back condition, etc.), its duration, treatment and/or medication prescribed. YES NO			
...../...../.....			
Has driver had any Comprehensive losses (deer, fire, glass breakage, theft, towing, etc) in the past 3 years? Describe all losses including dates. YES NO			
...../...../.....			
Has driver, while driving a motor vehicle, been involved in an accident or reported a claim to an insurance company in the past 3 years? Describe all accidents, regardless of who was at fault. YES NO			
...../...../.....			
...../...../.....			
...../...../.....			
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.			
SIGNATURE OF DRIVER	I certify that I have given true and complete answers to the questions in this questionnaire.		
	Date.....		