

DRIVER #:

DATE (MM/DD/YYYY)



YOUNG DRIVER QUESTIONNAIRE

AGENCY TMK RISK MANAGEMENT INC		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

THIS SECTION IS TO BE COMPLETED BY THE YOUNG DRIVER IN HIS / HER OWN HANDWRITING

FIRST NAME OF YOUNG DRIVER		MIDDLE NAME	LAST NAME		DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE NUMBER	
DO YOU RESIDE WITH YOUR PARENTS IN A SINGLE OR DUAL HOUSEHOLD?		<input type="checkbox"/> SINGLE <input type="checkbox"/> DUAL	IF YOU DO NOT RESIDE WITH YOUR PARENTS, WHERE DO YOU LIVE?				
DO YOU ATTEND SCHOOL? <input type="checkbox"/> Y / N	HIGHEST GRADE COMPLETED		HIGH SCHOOL GRADE AVERAGE	COLLEGE GRADE AVERAGE	HOW MANY DAYS A WEEK DO YOU DRIVE TO SCHOOL?	DISTANCE TO SCHOOL (ONE WAY)	
NAME OF SCHOOL			STREET	CITY	STATE	ZIP	
HAVE YOU EVER BEEN EXPELLED, SUSPENDED, OR PLACED ON PROBATION BY ANY SCHOOL? IF YES, EXPLAIN.							<input type="checkbox"/> Y / N
LIST ANY SCHOOL / COMMUNITY ACTIVITIES				LIST ANY HONORS FOR SCHOLASTIC OR OTHER ACHIEVEMENTS			
NAME OF EMPLOYER			STREET	CITY	STATE	ZIP	
DESCRIBE OCCUPATIONAL DUTIES		WHICH CAR DO YOU DRIVE TO SCHOOL / WORK? YEAR MAKE		MODEL	HOW MANY DAYS A WEEK DO YOU DRIVE TO WORK?	DISTANCE TO WORK (ONE WAY)	
DO YOU OWN OR HAVE YOU CONTRIBUTED TO THE PURCHASE OF ANY AUTO IN THE HOUSEHOLD? IF YES, EXPLAIN. <input type="checkbox"/> Y / N						HOW LONG HAVE YOU BEEN DRIVING AUTOMOBILES?	
HAVE YOU TAKEN AN ACCREDITED DRIVER TRAINING COURSE? IF YES, ATTACH CERTIFICATE. <input type="checkbox"/> Y / N			DESCRIBE YOUR USE OF ALCOHOLIC BEVERAGES & DRUGS				

GENERAL INFORMATION

IF ANY "YES" RESPONSES, PLEASE PROVIDE A COMPLETE EXPLANATION. (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		Y / N
1. DO YOU HAVE ANY DRIVING LIMITATIONS IMPOSED BY YOUR PARENTS?		
2. DO YOU ALLOW OTHERS TO USE YOUR CAR? (Who and why)		
3. HAS YOUR DRIVER'S LICENSE OR PERMIT EVER BEEN REVOKED OR SUSPENDED?		
4. HAVE YOU EVER RECEIVED A TICKET, CITATION, OR WARNING FOR ANY TRAFFIC VIOLATION OTHER THAN PARKING? (Give dates and details)		
5. HAVE YOU EVER BEEN IN AN ACCIDENT AS A DRIVER? (Give dates and details)		
6. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON, OTHER THAN A TRAFFIC VIOLATION? (Give dates and details)		
7. IS THE AUTO YOU OPERATE MODIFIED OR EQUIPPED WITH ANY SPECIAL EQUIPMENT, HAVE MODIFIED BODYWORK, OR SPECIAL PAINT?		
8. HAVE YOU EVER HAD AUTO INSURANCE DECLINED OR CANCELLED? (Give dates and details) (Not applicable in the District of Columbia or Ohio) (Missouri Applicants - Do not answer this question)		