

Inexperienced Operator Questionnaire

(Any operator with less than Five (5) years driving experience)

THIS DOCUMENT IS TO BE COMPLETED BY THE INEXPERIENCE OPERATOR

Name of Insured: _____ Policy No.: _____
Licence #: _____ State _____

1. Name of the Driver: _____
2. When did you receive your first unrestricted driver's license? (Month / Year): _____
3. Do you reside with your Parents? Yes No If not, where: _____
4. If you have Brothers and/or Sisters living with you and your Parents, provide their ages:
Brothers: _____ Sisters: _____
5. Which automobile do you operate?
Year: _____ Make: _____ Model: _____
6. Do you own or are you buying the automobile mentioned in #5, above? Yes No
7. Do you have full time use of an automobile? Yes No
If no, what percentage? _____ 75% _____ 50% _____ 25% or less
8. If you are a student, what school do you attend? _____
Where is it located? (City and State): _____
How often do you drive to school? (Days per week): _____
One way distance in miles to school: _____
Do you transport any other students to school? Yes No
If Yes, Number? _____
9. Are you employed? Yes No If Yes, Name of Employer: _____
Describe your duties: _____
Do you work: _____ Full Time _____ Part Time
Do you drive to work? Yes No If Yes, one way distance in miles: _____
10. Do you allow others to operate your automobile? Yes No
If Yes, Whom? _____
(Are you aware the lending your automobile to others who are not members of your family may jeopardize your insurance coverage with this Company?)
11. Describe limitations, if any, imposed on your driving by your parents or guardian:

12. Has the automobile you operate been modified or equipped with any of the following?
_____ Special or modified Carburetor _____ Oversized Tires
_____ Turbocharger _____ Modified Body Height (raised or lowered)
_____ Special Headers or Mufflers _____ Oversized Engine
Describe any other alterations or special equipment or customization that has been added to the automobile:

WEAR YOUR SEAT BELT – IT CAN SAVE YOUR LIFE!!!

Signature of Inexperienced Operator: _____ Date: _____

Remarks: _____

