

# DRIVING QUESTIONNAIRE

|                                    |                           |                    |
|------------------------------------|---------------------------|--------------------|
| Name (first, middle initial, last) |                           | Application number |
| Driver's license #                 | Date of birth (dd/mmm/yy) | Province           |

1. Is your driver's license currently valid?  yes  no – please explain:

2. Have you ever been charged with any of the following violations?

| Type of violation  | Number of violations | Date(s) of violation (include year) | Action on license (e.g. suspension, revocation, cancellation or withdrawal) |
|--|----------------------|-------------------------------------|---|
| A Driving under the influence (DUI) or driving with blood alcohol level above the legal limit (please also complete an Alcohol & Drug Use Questionnaire) |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| B Speeding <35km per hour over limit   |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| C Speeding >35km per hour over limit   |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| D Failure to pay fines   |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| E Dangerous or careless driving  |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| F Seat belt violation  |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| G Accident (please specify whether at fault and provide complete details of the circumstances in section 4)  |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| H Driving without a valid license, proof of insurance or expired license plate   |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| I Failure to obey a stop sign or traffic light violation   |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| J Distracted, texting or phone usage while driving   |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| K Any lane violations (e.g. carpool lane violation, driving in one-way street, illegal lane change)  |                      |                                     | <input type="radio"/> yes <input type="radio"/> no                          |
| L Any other – please give complete details (use section 4 if more space is required):  |                      |                                     |   |

3. Have you ever had your driver's license suspended, revoked or received a warning letter?  no  yes – please provide:

a) Reason:

b) Duration of suspension \_\_\_\_\_ c) Date of reinstatement (dd/mmm/yy) \_\_\_\_\_

4. Please provide any additional information you feel is important:

5. I hereby declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

|                             |                           |                  |
|-----------------------------|---------------------------|------------------|
| Signature of Applicant<br>X | Signature of Witness<br>X | Date (dd/mmm/yy) |
|-----------------------------|---------------------------|------------------|