

Quick Quoter  
Clinical Underwriting®

Driving Violations

Date: \_\_\_/\_\_\_/\_\_\_

Agent Name	Fax	
Address	Phone	
City	State	Zip

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Smoker:  No  Yes (If yes, also complete Tobacco Questionnaire)

Insurance Amount: \_\_\_\_\_ Insurance Type:  Term  UL  Survivor UL

Additional Insured's Name (only if applying for Survivor UL): \_\_\_\_\_

OTHER COMPANY ACTIONS: Company: \_\_\_\_\_ Date applied: \_\_\_/\_\_\_/\_\_\_

Declined  Postponed  Rated Table: \_\_\_\_\_

- When was the last speeding violation? \_\_\_/\_\_\_/\_\_\_
- How many speeding violations have occurred in the past 5 years? Number of violations \_\_\_\_\_  
Dates: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_
- Does client currently hold a valid driver's license?  No  Yes If yes, state & expiration \_\_\_\_\_
- When was the last accident involving major property damage? \_\_\_/\_\_\_/\_\_\_
- Has client ever been convicted of driving under the influence of alcohol?  No  Yes  
If yes, list all dates: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_
- Is the client currently being treated (or has ever been) for alcohol or drug abuse?  No  Yes  
If yes, list date and facility \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_
- Marital status  Married  Single  Divorced
- Occupation? \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_