



# 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: \_\_\_\_\_

1. When was the last speeding violation? \_\_\_/\_\_\_/\_\_\_

2. How many speeding violations have occurred in the past 5 years? Number of violations \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

3. Does client currently hold a valid driver's license?  No  Yes If yes, state & expiration \_\_\_\_\_

4. When was the last accident involving major property damage? \_\_\_/\_\_\_/\_\_\_

5. Has client ever been convicted of driving under the influence of alcohol?  No  Yes

If yes, list all dates: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

6. Is the client currently being treated (or has ever been) for alcohol or drug abuse?  No  Yes

If yes, list date and facility \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

7. Marital status  Married  Single  Divorced

8. Occupation? \_\_\_\_\_

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

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