



# INEXPERIENCED OPERATOR QUESTIONNAIRE

## INSURANCE COMPANIES

INSURED NAME		POLICY NUMBER	POLICY PERIOD
1. INEXPERIENCED DRIVER'S NAME	2. DATE OF BIRTH  /    /	3. DO YOU RESIDE WITH YOUR PARENTS YEAR ROUND? IF NO. GIVE ADDRESS AND EXPLAIN FULLY UNDER "REMARKS" <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. WHAT SCHOOL DO YOU OR WILL YOU ATTEND?		5. LOCATION OF SCHOOL	
6. IF OUT OF TOWN, DO YOU HAVE A CAR AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. WHICH CAR DO YOU USUALLY DRIVE?	
8. IF NOT IN SCHOOL, ARE YOU WORKING? <input type="checkbox"/> YES <input type="checkbox"/> NO		9. IF YES, NAME OF EMPLOYER	
10. HOW MANY DAYS A WEEK WILL YOU DRIVE TO SCHOOL OR WORK?			
<b>EXPLAIN ALL "YES" ANSWERS IN "REMARKS"</b>			
HAVE YOU EVER RECEIVED A TICKET OR A WARNING FOR A TRAFFIC LAW VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT (AS A DRIVER)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
REMARKS:			
SIGNATURE OF INEXPERIENCED DRIVER OR AGENT			DATE: