



HERMANN SONS LIFE

Driving History Questionnaire

Name _____ Date of Birth _____

Driver's License No: _____

1. Within the past 3 years, have you had any of the following moving violations? Yes No

Infraction	Date(s) of Infraction(s)	Number of Infractions
Speeding Infractions		
Improper turns		
Traffic signal offenses		
Failing to yield		
Driving on suspended license		
Other		

2. Within the past 5 years have you been convicted of any of the following? Yes No

Infraction	Date(s) of Infraction(s)	Number of Infractions
Careless or reckless driving		
Driving under the Influence (DUI) Driving while intoxicated (DWI) <i>(if any DUI/DWI history, please complete alcohol questionnaire)</i>		

3. Have you ever had any accidents? Yes No (If yes, provide details, including fault)

4. Is your license currently suspended? Yes No (If yes, provide reason and anticipated reinstatement)

5. Please provide any additional information you feel is important concerning your driving history:

I understand that this declaration will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge.

Signature of the Proposed Insured or Guardian

Date