



QBE
AGRI INSURANCE

YOUNG DRIVER QUESTIONNAIRE
(FOR DRIVERS UNDER THE AGE OF 25, MALE OR FEMALE)

TO BE COMPLETED BY THE YOUNG DRIVER

NAME OF INSURED	POLICY NO.
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1. NAME OF YOUNG DRIVER			9. DESCRIBE ANY ALTERNATIONS OR SPECIAL EQUIPMENT ON THE AUTOMOBILE YOU OPERATE. <input type="checkbox"/> NONE		
DATE OF BIRTH	SEX	MARITAL STATUS	10. HAVE YOU TAKEN AN ACCREDITED DRIVER TRAINING COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. DO YOU RESIDE WITH YOUR PARENTS? IF NOT, WHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, DID YOU PASS THE COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. DO YOU HAVE ANY KIND OF PHYSICAL IMPAIRMENT? IF YES, DESCRIBE. <input type="checkbox"/> YES <input type="checkbox"/> NO			11. DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
4. IF YOU ARE NOW A STUDENT, WHAT SCHOOL DO YOU ATTEND? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			IF RESTRICTED LICENSE, DESCRIBE.		
WHERE LOCATED?			12. WHEN FIRST LICENSED? (MONTH, YR)		STATE
HOW OFTEN DO YOU DRIVE TO SCHOOL?	ONE WAY DISTANCE IN MILES	HOW MANY OTHER STUDENTS DO YOU TRANSPORT?	13. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. ARE YOU EMPLOYED? IF YES, NAME OF EMPLOYER. <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN?		HOW LONG?
DESCRIBE OCCUPATIONAL DUTIES <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			REASON		
DO YOU DRIVE TO WORK? IF SO, WHAT IS ONE WAY DISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			14. HAVE YOU EVER BEEN CITED FOR A VIOLATION OF ANY TRAFFIC LAW (OTHER THAN PARKING)? DESCRIBE ALL CITATIONS IN THE PAST 3 YEARS AND GIVE DATES. <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. DO YOU HAVE AN AUTOMOBILE REGISTERED IN YOUR NAME? IF YES, DESCRIBE AUTOMOBILE. <input type="checkbox"/> YES <input type="checkbox"/> NO			15. HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT (AS A DRIVER)? DESCRIBE ALL ACCIDENTS IN THE PAST 3 YEARS AND GIVE DATES. <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. IF ANSWER TO QUESTION 6 IS NO, ANSWER THE FOLLOWING:			16. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON OTHER THAN A TRAFFIC VIOLATION? IF YES, GIVE DATES AND DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE FULL TIME USE OF AN AUTOMOBILE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT PERCENTAGE? <input type="checkbox"/> 75% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 10% OR LESS				
WHICH AUTOMOBILE OR AUTOMOBILES DO YOU DRIVE?					
8. DO YOU PERMIT OTHERS TO DRIVE? IF YES, WHOM? <input type="checkbox"/> YES <input type="checkbox"/> NO					

DATE _____

SIGNATURE OF YOUNG DRIVER _____

DATE _____

SIGNATURE OF INSURED _____