

**YOUTHFUL DRIVER APPLICATION**

NAMED INSURED _____	POLICY NUMBER _____
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**TO BE PERSONALLY COMPLETED BY ALL UNMARRIED DRIVERS UNDER 25 and ALL MARRIED DRIVERS UNDER 21:**  
 Note: If additional space is required, use reverse side.

1. NAME OF YOUTHFUL DRIVER _____	DATE OF BIRTH _____	8. HAVE YOUR PARENTS ESTABLISHED ANY RULES THAT AFFECT HOW OR WHEN YOU MAY USE THE CAR? If so, please describe. <input type="checkbox"/> YES <input type="checkbox"/> NO
2. WHERE DO YOU RESIDE? <input type="checkbox"/> With parents <input type="checkbox"/> At school <input type="checkbox"/> Other (give address) _____		9. DO YOU PERMIT OTHERS TO DRIVE? If "YES", please list name(s) and relationship. <input type="checkbox"/> YES <input type="checkbox"/> NO
3A. IF YOU ARE A STUDENT, WHAT SCHOOL DO YOU ATTEND? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		10. DO YOU OWN, OR HAVE YOU CONTRIBUTED TO THE PURCHASE OF ANY AUTO IN THE HOUSEHOLD? If "YES", which auto? <input type="checkbox"/> YES <input type="checkbox"/> NO
B. WHERE IS YOUR SCHOOL LOCATED? _____		11. PLEASE INDICATE YOUR USE OF THE AUTO:
C. IS YOUR SCHOOL A <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Grad. School <input type="checkbox"/> Other _____		TO/FROM WORK TO/FROM SCHOOL OTHER (PLEASURE) #MI./WK. #MI./WK. #MI./WK.
D. WHAT IS YOUR COURSE OF STUDY? _____		12A. IS THE AUTO YOU OPERATE MODIFIED OR EQUIPPED WITH ANY OF THE FOLLOWING? Check items applicable.
4. HAVE YOU EVER BEEN EXPELLED, SUSPENDED, OR PLACED ON PROBATION BY ANY SCHOOL? If "YES", please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Special Paint <input type="checkbox"/> Headers or Special Mufflers <input type="checkbox"/> Clutch Scatter Shield <input type="checkbox"/> Oversized Rear Tires <input type="checkbox"/> Double Overhead Cam Engine <input type="checkbox"/> Altered Body Height <input type="checkbox"/> Solid Lifters <input type="checkbox"/> Special or Modified Carburetor <input type="checkbox"/> Functional Hood Air Scoop <input type="checkbox"/> Mag or Chrome Wheels <input type="checkbox"/> Blue Printed Engine <input type="checkbox"/> Chrome Removed <input type="checkbox"/> Locked Rear End <input type="checkbox"/> Other (Describe) _____ <input type="checkbox"/> Weight Transfer Shocks _____ <input type="checkbox"/> Supercharger _____ <input type="checkbox"/> Full Race or 3/4 (high lift) racing cams _____ <input type="checkbox"/> None of the above
5. CIRCLE HIGHEST SCHOOL GRADE COMPLETED TO DATE:		B. WHAT IS THE ENGINE SIZE OF THE AUTO YOU OPERATE? _____
JR. HIGH 7 8 9	HIGH SCHOOL 1 2 3 4	COLLEGE 1 2 3 4
6A. ARE YOU EMPLOYED? If "YES" complete remainder of Question 6. <input type="checkbox"/> YES <input type="checkbox"/> NO		13. HAVE YOU RECEIVED A WARNING OR BEEN CITED FOR A TRAFFIC VIOLATION (OTHER THAN PARKING) DURING THE PAST FIVE YEARS? If "YES" describe all citations/warnings. <input type="checkbox"/> YES <input type="checkbox"/> NO
B. WHAT IS THE NAME OF YOUR EMPLOYER, AND ADDRESS OF EMPLOYMENT? _____		14. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR OTHER THAN A TRAFFIC VIOLATION? If "YES", give dates and details. <input type="checkbox"/> YES <input type="checkbox"/> NO
C. HOW LONG HAVE YOU WORKED THERE? _____	HOW MANY HOURS/WEEK DO YOU WORK? _____	15. APPLICANT SIGNATURE I hereby certify that I have personally completed this application and I declare that the statements made are complete and true. I understand that this is not a binder of insurance. _____ X (Signature of Youthful Driver) _____ (Date)
D. BRIEFLY DESCRIBE YOUR DUTIES: _____		
7A. ARE YOU NOW, OR WERE YOU EVER, IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete remainder of Question 7.		
B. IF YOU WERE DISCHARGED:		
DATE ENTERED / /	DATE OF DISCHARGE / /	RANK AT DISCHARGE _____
C. IF YOU ARE STILL SERVING, WHAT IS THE NAME OF THE INSTALLATION? _____		
D. WHERE IS THE MILITARY INSTALLATION LOCATED? _____		
E. BRIEFLY DESCRIBE YOUR DUTIES: Rank/Pay Grade _____		

**TO BE COMPLETED BY AGENT:**

DO YOU KNOW THE APPLICANT PERSONALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how long? _____	WILL THE GOOD STUDENT CLASSIFICATION APPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", attach PL-2857
HAVE YOU PERSONALLY INSPECTED THE AUTO? <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: Not available in all states
COMMENT ON WHETHER OR NOT YOU FEEL THE YOUTHFUL DRIVER HAS THE ATTITUDE, MATURITY AND SENSE OF SOCIAL RESPONSIBILITY NEEDED TO OPERATE A CAR WITH DUE REGARD TO THE LAW AND THE SAFETY OF OTHERS. _____ _____ _____	

PRODUCER'S SIGNATURE _____	CODE _____	DATE _____
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