



**COMMERCIAL DRIVER QUESTIONNAIRE**

**Clarion Students' Association**

Please fax to: (814) 226-5481

1. Policyholder's Name		Policy Number				
<b>2</b> Driver Information	Driver's First Name		Middle Initial Last Name		<input type="checkbox"/> Male	
	License Number	State	Prior State and Operator's Number if less than 3 years	Date first licensed or date of permit	Date of Birth	SS#
	Commercial Driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no	Date Hired	Job Title	Driver's Auto Insurance Company		Home Phone #
3. WARNING: An Incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes", give details in space provided.						
Has Driver:						
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? Or been excluded or restricted on a policy in the past 5 years?					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
(b) been required to file evidence of financial responsibility in the past 5 years?					<input type="checkbox"/>	<input type="checkbox"/>
(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (Give date and reason.)					<input type="checkbox"/>	<input type="checkbox"/>
(d) Receive a ticket for speeding, a PBJ (PJC in NC) or any other vehicle code violation within the past 5 years? (If "Yes", give date and description of violation(s). If speeding, include your actual speed and speed limit.)					<input type="checkbox"/>	<input type="checkbox"/>
(e) Ever receive any felony convictions? Give date, description and penalty.					<input type="checkbox"/>	<input type="checkbox"/>
(f) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years?					<input type="checkbox"/>	<input type="checkbox"/>
(g) While driving any motor vehicle, commercial or personal, been involved in an accident during the past 5 years? Describe all accidents regardless of who was at fault under No. 8 below.					<input type="checkbox"/>	<input type="checkbox"/>
4. List driver's previous experience driving types of commercial vehicles Insured and any safety courses completed.						
5. Does driver take home any company autos on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what vehicle?						
6. Does driver have any restrictions on license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the restrictions?						
7. Were MVRs/CLUE ordered on any / all drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach copies.						
8. OTHER PERTINENT INFORMATION				Agent signature	Do you consider this an acceptable risk? _____	
Years of Experience:						
PA APPLICANT(S) PLEASE READ	Any person who knowingly and with intent to defraud any Insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent Insurance act, which is a crime and subjects the person to criminal and civil penalties.					
COMMERCIAL DRIVER SIGNATURE	I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy.					
	DRIVER'S SIGNATURE:			DATE:		
POLICYHOLDER SIGNATURE	POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) SIGNATURE		TITLE	DATE		