



Youthful Driver Questionnaire (Under 21 years old)

Account Name: _____

Name of Driver: _____

Drivers License Number _____

License State: _____ Date of Birth: _____

1. Is this person a family member? ___yes ___no
2. Is this person employed by the insured? ___yes ___no
3. If yes are they ___full time or ___part time?
4. If employed, what will job duties consist of? _____

5. Does the driver take the vehicle home after working hours? ___yes ___no

If yes to question #1 please complete the following:

6. What vehicle does this person drive? _____
7. Is this vehicle modified? ___no ___yes (if yes, list modifications, i.e.; custom rims, custom paint, lowered, special stereo equipment, performance engine, etc.)

8. Where do they drive the vehicle? (i.e. work, school, pleasure) _____

Insureds signature: _____ Date: _____

6/1/04