

COMMERCIAL DRIVER QUESTIONNAIRE #8

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| 1. POLICYHOLDER'S NAME | | POLICY NUMBER | AGENT NO. | AGENT NAME |
| DRIVER INFORMATION | 2. DRIVER'S FIRST NAME | MIDDLE INITIAL | LAST NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| | LICENSE NUMBER | STATE | PRIOR STATE AND OPERATOR'S NUMBER IF LESS THAN 3 YEARS | DATE FIRST LICENSED OR DATE OF PERMIT |
| | DATE OF BIRTH | SOCIAL SECURITY NUMBER | | HOME PHONE NUMBER |
| COMMERCIAL DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE HIRED | JOB TITLE | DRIVER'S AUTO INSURANCE COMPANY | |

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: | YES | NO | Details for "Yes" answers: |
|---|--------------------------|--------------------------|----------------------------|
| (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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| OHIO ONLY: Had any auto insurance refused, cancelled or expired for: | | | |
| (1) Material misrepresentation in application or in submission of claims? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (2) Suspension, revocation or expiration of operator's license of named insured or principal operator? | <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) Received 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 a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed | <input type="checkbox"/> | <input type="checkbox"/> | |
| (g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (h) FOR MD ONLY: Refused to submit to chemical test or been given probation before judgment for an alcohol violation in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (i) 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"/> | |
| (NOTE FOR DC ONLY: Question 3(a) not applicable. For questions (b), (c),(d), (g), (h) & (i), ask for 3 year record only.) | | | |
| (NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d), (g), (h) & (i) ask for 3 year record only.) | | | |
| (NOTE FOR WI ONLY: Question 3(f) not applicable.) | | | |

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? Yes No If yes, what vehicle(s)

6. Does driver have any restrictions on license? Yes No If yes, what are the restrictions?

7. Were MVRs/CLUEs ordered on any/all drivers? Yes No If "Yes," attach copies.

8. OTHER PERTINENT INFORMATION

▶ AGENT: Do you consider this an acceptable risk?

Agent's Signature

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| DC APPLICANT(S) PLEASE READ | ▶ WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. |
| OHIO APPLICANT(S) PLEASE READ | ▶ Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. |
| NY 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. |
| 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. |
| VA APPLICANT(S) PLEASE READ | ▶ It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. |
| OTHER APPLICANT(S) PLEASE READ | ▶ Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or 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 |