

INSURED'S NAME	POLICY NUMBER
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THIS SECTION IS TO BE COMPLETED BY THE YOUNG DRIVER IN HIS/HER OWN HANDWRITING

NAME OF YOUNG DRIVER		DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE NUMBER
DO YOU RESIDE WITH YOUR PARENTS IN A SINGLE OR DUAL HOUSEHOLD? <input type="checkbox"/> SINGLE <input type="checkbox"/> DUAL		IF YOU DO NOT RESIDE WITH YOUR PARENTS, WHERE DO YOU LIVE?	
DO YOU ATTEND SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF SCHOOL		HIGHEST GRADE COMPLETED
HIGH SCHOOL GRADE AVERAGE	COLLEGE GRADE AVERAGE	LIST ANY SCHOOL/COMMUNITY ACTIVITIES	LIST ANY HONORS FOR SCHOLASTIC OR OTHER ACHIEVEMENTS
HAVE YOU EVER BEEN EXPELLED, SUSPENDED, OR PLACED ON PROBATION BY ANY SCHOOL? IF YES, EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY DAYS A WEEK DO YOU DRIVE TO SCHOOL?	DISTANCE TO SCHOOL (ONE WAY)
NAME AND ADDRESS OF EMPLOYER, IF ANY		DESCRIBE OCCUPATIONAL DUTIES	HOW MANY DAYS A WEEK DO YOU DRIVE TO WORK? DISTANCE TO WORK (ONE WAY)
WHICH CAR DO YOU DRIVE TO SCHOOL/WORK? (YEAR/MODEL)		DO YOU OWN OR HAVE YOU CONTRIBUTED TO THE PURCHASE OF ANY AUTO IN THE HOUSEHOLD? IF YES, EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW LONG HAVE YOU BEEN DRIVING AUTOMOBILES?
HAVE YOU TAKEN AN ACCREDITED DRIVER TRAINING COURSE? IF YES, ATTACH CERTIFICATE. <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE YOUR USE OF ALCOHOLIC BEVERAGES & DRUGS	

IF ANY "YES" RESPONSES, PLEASE PROVIDE A COMPLETE EXPLANATION.

	YES	NO
1. DO YOU HAVE ANY DRIVING LIMITATIONS IMPOSED BY YOUR PARENTS?	<input type="checkbox"/>	<input type="checkbox"/>
2. DO YOU ALLOW OTHERS TO USE YOUR CAR? (WHO AND WHY)	<input type="checkbox"/>	<input type="checkbox"/>
3. HAS YOUR DRIVER'S LICENSE OR PERMIT EVER BEEN REVOKED OR SUSPENDED?	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU EVER RECEIVED A TICKET, CITATION, OR WARNING FOR ANY TRAFFIC VIOLATION OTHER THAN PARKING? (GIVE DATES AND DETAILS)	<input type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU EVER BEEN IN AN ACCIDENT AS A DRIVER? (GIVE DATES AND DETAILS)	<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON, OTHER THAN A TRAFFIC VIOLATION? (GIVE DATES AND DETAILS)	<input type="checkbox"/>	<input type="checkbox"/>
7. IS THE AUTO YOU OPERATE MODIFIED OR EQUIPPED WITH ANY SPECIAL EQUIPMENT, HAVE MODIFIED BODYWORK, OR SPECIAL PAINT?	<input type="checkbox"/>	<input type="checkbox"/>
8. HAVE YOU EVER HAD AUTO INSURANCE DECLINED OR CANCELLED? (GIVE DATES AND DETAILS) (NOT APPLICABLE IN MISSOURI)	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (Kansas: This does not constitute a warranty.)

YOUNG DRIVER'S SIGNATURE	DATE (MM/DD/YYYY)	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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AGENT'S COMMENTS