ACORD <sub>™</sub>	YOU	NG DRIV	VER C	UEST	IONNA	IRE							
NSURED'S NAME POLICY NUMBER													
THIS SECTION IS TO BE COMPLETED BY THE YOUNG DRIVER IN HIS/HER OWN HANDWRITING  NAME OF YOUNG DRIVER  DATE OF BIRTH (MM/DD/YY)  DRIVER'S LICENSE NUI										IBER			
DO YOU RESIDE WITH YOUR PARENTS? IF NO, WHERE?  YES NO													
										T GRADE COMPLETED			
YES NO HIGH SCHOOL COLLEGE LIST ANY SCHOOL/COMMUNITY ACTIVITIES LIST ANY HONORS FOR SCHOLASTIC OR OTHER										OR OTH	ER ACHIEVE	MENTS	
GRADE AVERAGE GRADE AVERAGE													
HAVE YOU EVER BEEN EXPELLED, SUSPENDED, OR PLACED ON PROBATION BY ANY SCHOOL? IF YES, EXPLAIN.  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 DO Y			HOW MAI DO YOU I	V MANY DAYS A WEEK YOU DRIVE TO WORK?		DISTANCE TO WORK (ONE WAY)		
WHICH CAR DO YOU DRIVE TO SCHOOL/WORK? (YEAR/MODEL)  DO AU					OWN OR HAVE YOU CONTRIBUTED TO THE PURCH THE HOUSEHOLD? IF YES, EXPLAIN.				ASE OF ANY HOW LC DRIVING			NG HAVE YOU BEEN AUTOMOBILES?	
HAVE YOU TAKEN AN ACCREDITED DRIVER DESCRIBE YOUR US					YES NO SE OF ALCOHOLIC BEVERAGES & DRUGS								
TRAINING COURSE? IF YES, ATTACH CERTIFICATE.													
YES NO  IF ANY "YES" RESPONSES, PLEASE PROVIDE A COMPLETE EXPLANATION.													
1. DO YOU HAVE ANY DRIVING LIMITATIONS IMPOSED BY YOUR PARENTS?											YES	NO	
2. DO YOU ALLOW OTHERS TO USE YOUR CAR? (WHO AND WHY)													
3. HAS YOUR DRIVER'S LICENSE OR PERMIT EVER BEEN REVOKED OR SUSPENDED?													
4. HAVE YOU EVER RECEIVED A TICKET, CITATION, OR WARNING FOR ANY TRAFFIC VIOLATION OTHER THAN PARKING? (GIVE DATES AND DETAILS)													
5. HAVE YOU EVER BEEN IN AN ACCIDENT AS A DRIVER? (GIVE DATES AND DETAILS)													
6. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON, OTHER THAN A TRAFFIC VIOLATION? (GIVE DATES AND DETAILS)													
7. IS THE AUTO YOU OPERATE MODIFIED OR EQUIPPED WITH ANY SPECIAL EQUIPMENT, HAVE MODIFIED BODYWORK, OR SPECIAL PAINT?													
8. HAVE YOU EVER HAD AUTO INSURANCE DECLINED OR CANCELED? (GIVE DATES AND DETAILS) (NOT APPLICABLE IN MISSOURI)													
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/YY)	PRODUCE! SIGNATUR	R'S E						
AGENT'S COMMENTS													
ACORD 93 (2/95)									@ ACOR	D COF	RPORATION	ON 1991	