

**Johnson University Drivers Information & Questionnaire (for Insurance use) Form D-1**

**Business Name:** JOHNSON UNIVERSITY, KNOXVILLE, TN

**Driver's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Driver's License #:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**State & Number of prior Driver Licenses held within the last 3 years (if applicable):**

**Date of Birth:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Drive License Restrictions:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_ **Job Description:** \_\_\_\_\_

**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 requested details (attach additional sheet if necessary)**

**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?

**NO or YES** (Give company name and reason): \_\_\_\_\_

B. Been required to file an evidence of financial responsibility in the past 5 years?

**NO or YES** (Give date and reason): \_\_\_\_\_

C. Had their driver license or driving privileges revoked or suspended in the past 5 years?

**NO or YES** (Give date and reason): \_\_\_\_\_

D. Received a ticket for any vehicle code violation within the past 5 years?

**NO or YES** (Give date and reason and speed if speeding violation):

E. Ever been arrested for any reason?

**NO or YES** (Give date, place & reason for arrest. If convicted give penalty):

F. Had a physical or mental impairment or disability or other medical infirmity?

**NO or YES** (Give details of condition and treatment): \_\_\_\_\_

G. Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in past 5 years?

**NO or YES** (Give details): \_\_\_\_\_

H. Been involved in an accident (regardless of fault) during past 5 years?

**NO or YES** (Give description and include date, location, \$ damages):

**I certify I have given true and correct 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.**

**Policy Number** S 1941419 **Signature** \_\_\_\_\_