

Vanpool Driver Questionnaire

Name of Driver _____

Date of Birth _____

Home Address _____
(street)

(city) (state) (zip)

Home Phone _____

Company Name _____

Company Address _____
(street)

(city) (state) (zip)

Work Phone _____

Driver's License Number	State Where Licensed	Exp. Date	Number Of Years Licensed	Length of Present Employment

Have you had this license for over three years? ____ Yes ____ No
If no, please answer the following:

Previous Driver's License Number _____

State of Issuance of Previous License _____

Address on Previous License _____

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Driving History:

Number of Accidents and Moving Traffic Violations in Past 3 Years

Number of Accidents	Date of Accident	Explanation
Number of Violations	Date of Violation	Explanation

During the past three years, has your automobile insurance been
_____ Cancelled _____ Declined _____ Renewal Refused?

Have you ever been insured through a state automobile assigned risk pool?
_____ Yes _____ No

If yes, please explain _____

I have accurately answered all of the questions on this form. I authorize you and your insurance company to use this information to investigate my driving record. I understand that you are performing this review to assure the safe operation of my vanpool group. If selected, I will agree to the terms of the Vanpool Driver Agreement.

Signature: _____

Date: _____