



## YOUTHFUL OPERATOR QUESTIONNAIRE

This questionnaire is being submitted in conjunction with:

- a. an application \_\_\_\_\_
- b. Policy No. \_\_\_\_\_

Name of primary insured if other than youthful operator.

\_\_\_\_\_

Agency Name \_\_\_\_\_ Code No. \_\_\_\_\_

This form must be completed and signed by any operator single and under age 25 or married and under age 21.

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Driver's Lic. No.: \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_ How long have you been licensed? \_\_\_\_\_

- 1. Is an automobile titled to you? (If "Yes", describe.) \_\_\_\_\_
- 2. Have you previously had automobile insurance?  Yes  No  
If "Yes", name of company: \_\_\_\_\_ Policy No.: \_\_\_\_\_
- 3. Which vehicle do you usually operate? \_\_\_\_\_
- 4. a. How often do you loan your vehicle? \_\_\_\_\_  
b. For what purpose(s) and to whom? \_\_\_\_\_

- 5. a. Does the vehicle you would operate or any vehicle in the household come equipped with:
 

(1) Modified Engine	<input type="checkbox"/> Yes <input type="checkbox"/> No	(4) Wide Rear Tires	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Turbo Charger	<input type="checkbox"/> Yes <input type="checkbox"/> No	(5) Altered Body Height	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Headers or Special Mufflers	<input type="checkbox"/> Yes <input type="checkbox"/> No	(6) Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
- b. If "Yes" to any of the above or if any other modifications have been made, please describe: \_\_\_\_\_

- 6. a. What school do you attend? \_\_\_\_\_  
Location? (City / State): \_\_\_\_\_
- b. Highest grade completed? \_\_\_\_\_ G.P.A.? \_\_\_\_\_
- c. List any honors, clubs, or sports activities: \_\_\_\_\_
- d. If attending college, do you have a car at school?  Yes  No  
If "Yes", which one? \_\_\_\_\_

7. Have you ever been expelled, suspended, or placed on probation by any school? Explain: \_\_\_\_\_

- 8. Do you have a \_\_\_\_\_ part-time or \_\_\_\_\_ full-time job? Duties: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Drive to Work?  Yes or  No Mileage - **one way**: \_\_\_\_\_ Days per week: \_\_\_\_\_  
Drive to School?  Yes or  No Mileage - **one way**: \_\_\_\_\_ Days per week: \_\_\_\_\_  
Carpool?  Yes or  No Business use?  Yes or  No

9. Do you live with:    \_\_\_ Your Natural Parents    \_\_\_ Mother Only  
                              \_\_\_ Mother and Step-Father    \_\_\_ Father Only  
                              \_\_\_ Father and Step-Mother    \_\_\_ Other; Explain: \_\_\_\_\_

10. Describe, if any, limitations imposed on your driving by your parents or guardian: \_\_\_\_\_  
 \_\_\_\_\_

11. Describe your use of:  
 a. Alcoholic Beverages: \_\_\_\_\_  
 b. Drugs: \_\_\_\_\_

**THE QUESTIONS BELOW ARE TO BE ANSWERED BY THOSE  
 YOUTHFUL OPERATORS WITH DRIVING EXPERIENCE:**

12. Have you ever been convicted of or paid a fine for a violation of any traffic law (other than parking)? \_\_\_\_\_  
 Explain: \_\_\_\_\_ Date: \_\_\_\_\_  
 If speeding: How fast were you going? \_\_\_\_\_ Time of Day? \_\_\_\_\_  a.m./p.m.   
 What was the posted limit? \_\_\_\_\_

13. Has your license ever been suspended or revoked? \_\_\_\_\_  
 \_\_\_\_\_

14. Have you ever been involved in an accident?  Yes  No Date \_\_\_\_\_ Time of Day? \_\_\_\_\_  a.m./p.m.   
 If "Yes", amount of loss: \$ \_\_\_\_\_  
 If "Yes", explain: \_\_\_\_\_  
 \_\_\_\_\_

15. Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

**WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. IN MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.**

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING HE / SHE 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.

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by the Agent:**

1. Have you seen and personally interviewed this young driver?  Yes or  No
2. Have you personally inspected the vehicle?\*  Yes or  No
3. a. How long have you known this individual? \_\_\_\_\_ The parents? \_\_\_\_\_  
 b. How long have the parents been clients of yours? \_\_\_\_\_
4. Please list other Cincinnati Companies insurance carried by the applicant and his or her family (policy numbers):  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Your comments: \_\_\_\_\_  
 \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Code No.: \_\_\_\_\_

\*Required if young driver is the owner or principal operator.