

APPLICANT'S MOTOR VEHICLE/LICENSE INFORMATION

*****Investigator Will Physically Inspect Your Driver's License*****

List all motor vehicles currently owned and/or operated by applicant.

Make: _____	Model: _____	Tag No: _____	State: _____
Make: _____	Model: _____	Tag No: _____	State: _____
Make: _____	Model: _____	Tag No: _____	State: _____

Automobile Insurance Company(s): _____ Agent: _____

Policy #:

Address: _____ Phone Number: () _____

Has your automobile insurance ever been canceled in this state or any other state for non-medical reasons?

Yes [] No [] If yes, explain.

Have you ever been denied automobile insurance in this state or any other state for non-medical reasons?

Yes [] No [] If yes, explain.

Provide the information requested below on all driver's licenses that are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state). List current license first.

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ___/___/___ Restrictions:

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ___/___/___ Restrictions:

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ___/___/___ Restrictions:

Number: _____ State: _____ Type: _____ Valid? Yes [] No []

Expiration: ___/___/___ Restrictions:

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons? Yes [] No [] If yes, explain in detail supplying reason, dates, location, etc.

Has your vehicle registration ever been canceled, refused, revoked or suspended for any non-medical reason? Yes [] No [] If yes, explain in detail supplying reason, dates, location, disposition, etc.

Do not sign this section until instructed to do so by the Investigator		
_____	_____	_____
Investigator	Date	Applicant
<i>Use reverse side of page for additional data, if needed.</i>		