



**American Brokerage Services, Inc.**

Toll Free: 1-888-227-3131  
Fax: 215-233-9409

803 Willow Grove Avenue  
Wyndmoor, PA 19038

**Driving Questionnaire**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Cigarette Smoker:  Yes  No  
Quantity per day: \_\_\_\_\_  
1. Do you currently hold a valid driver's license?  Yes  No  
If "Yes", State: \_\_\_\_\_  
License number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
If "No", date of suspension: \_\_\_\_\_ Length of Suspension: \_\_\_\_\_

2. List all speeding violations within the last five years:  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_

3. List all moving violations other than speeding within the last five years:  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_

4. List all accidents involving property damage within the last five years:  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_  
Month/Year \_\_\_\_\_ Amount over limit \_\_\_\_\_

5. Have you ever been treated for alcohol or substance abuse?  Yes  No  
If "Yes", Month/Year \_\_\_\_\_ Where? \_\_\_\_\_

Notes/Comments: \_\_\_\_\_  
\_\_\_\_\_

Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
Witnessed by: \_\_\_\_\_