



DRIVING VIOLATIONS QUESTIONNAIRE  
***Global Insurance Resources Group Inc.***  
 9744 WILSHIRE BOULEVARD SUITE 306, Beverly Hills, CA 90212  
 PHONE (310) 550-3300 FAX (310) 550-3390

CLIENT: NAME \_\_\_\_\_ [ ] M [ ] F, DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ STATE \_\_\_\_\_

AMOUNT REQ. \$ \_\_\_\_\_ MAX. ANNUAL PREMIUM \$ \_\_\_\_\_

TYPE OF INSURANCE: [ ] PERM [ ] TERM YRS. LEVEL \_\_\_\_\_

TOBACCO USE: [ ] NO [ ] YES, DETAIL \_\_\_\_\_

REPLACING? [ ] NO [ ] YES CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR: \_\_\_\_\_ COMPANY \_\_\_\_\_  
 ACTION \_\_\_\_\_

AGENT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**1. LIST ALL SPEEDING VIOLATIONS OVER THE LAST FIVE YEARS:**

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**2. DOES THE CLIENT CURRENTLY HOLD A VALID DRIVER'S LICENSE?**

[ ] NO [ ] YES, PLEASE DETAIL STATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

**3. DETAIL LAST MOVING VIOLATIONS OTHER THAN SPEEDING, IF ANY:**

TYPE \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

**5. WITHIN THE LAST SIX YEARS, LIST THE OCCASION AND THE DATE OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS:**

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

[ ] NONE

**6. HAS THE CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?**

[ ] NO [ ] YES, PLEASE DETAIL:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

PLACE \_\_\_\_\_

**7. CLIENT'S MARTIAL STATUS:**

[ ] MARRIED [ ] SINGLE [ ] DIVORCED [ ] WIDOWED

TYPE \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

[ ] NONE

**4. DETAIL ACCIDENTS INVOLVING  
MAJOR PROPERTY DAMAGE, IF ANY:  
DETAIL MONTH / YEAR**

\_\_\_\_\_

\_\_\_\_\_

**8. CLIENT'S OCCUPATION** \_\_\_\_\_

**9. PLEASE LIST ANY OTHER IMPAIRMENTS OR  
ILLNESSES;  
ALONG WITH ANY AND ALL MEDICATIONS  
CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE  
AND FREQUENCY OF EACH:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_