



DRIVER QUESTIONNAIRE #26

DIARY

ERIE may require a Driver Questionnaire for any licensed driver in the household. We may also require a Driver Questionnaire for a driver not residing in the household who has regular access to an insured vehicle. **WARNING:** Failure to complete and return the Driver Questionnaire may jeopardize continuing coverage.

1. AGENT'S NO.	AGENT'S NAME	coverage.	2. NAMED INSURED: LAST NAME	FIRST NAME	M.I.	POLICY NUMBER
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DRIVER INFORMATION

3. NAME OF DRIVER (EXACTLY AS IT APPEARS ON LICENSE)						<input type="checkbox"/> MALE
IF NAME HAS CHANGED WITHIN PAST 60 DAYS, PRIOR NAME						<input type="checkbox"/> FEMALE
STREET ADDRESS				CITY	STATE	ZIP CODE
HOME PHONE NUMBER ()		DRIVER'S LICENSE OR PERMIT NUMBER		STATE	SOCIAL SECURITY NUMBER:	
HOW LONG AT THIS ADDRESS?	IF LESS THAN 3 YEARS, GIVE PREVIOUS ADDRESS OF A 2-YEAR DURATION (NOT MILITARY)		OCCUPATION		EMPLOYER NAME AND STREET ADDRESS	
DATE OF BIRTH	ORIGINAL LICENSE OR PERMIT DATE	MARITAL STATUS	VEHICLE USED BY DRIVER: PERCENT OF USE %	ANY RESTRICTION ON LICENSE? (Not applicable in WI) <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," LIST RESTRICTION CODE(S) AND EXPLAIN:		
IF UNDER 21, HAS DRIVER COMPLETED AN ACCREDITED DRIVER TRAINING COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," ATTACH COPY OF DRIVER TRAINING CERTIFICATE.						
IF, IN THE PAST 36 MONTHS, YOU WERE LICENSED IN A DIFFERENT STATE, LIST DRIVER'S LICENSE NUMBER IN THAT STATE:				STATE	EMPLOYER PHONE NO. () CELL PHONE NO. ()	
4. INSURANCE RECORD: COMPANY THAT LAST CARRIED YOUR AUTO INSURANCE				POLICY NUMBER	ARE YOU GOING TO CONTINUE COVERAGE WITH THAT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," LIST YEAR, MAKE AND VIN OF VEHICLES:	
HAVE YOU EVER HAD INSURANCE WITH ERIE? IF YES, STATE DATES, NAME ON POLICY AND POLICY NUMBER						
DO YOU RESIDE WITH THE NAMED INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO," DO YOU RESIDE WITH ANY OTHER ERIE POLICYHOLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF "YES," GIVE NAME, RELATIONSHIP AND POLICY NO.						

5. WARNING: An incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes," please give requested details below. (Attach additional sheet of paper if necessary.)

Has driver:	YES	NO
(a) had any auto insurance refused, cancelled or expired in the past 5 years? (3 years—MD & PA) or been excluded or restricted on a policy in the past 5 years? In either case, give name of company, policy number, date and reason if known. (Not Applicable in DC.)	<input type="checkbox"/>	<input type="checkbox"/>
In OHIO (a) Has any driver had any auto insurance refused, cancelled or expired in past 5 years for: (Give name of company, date and details)		
(1) material misrepresentation on application or in submission of a claim	<input type="checkbox"/>	<input type="checkbox"/>
(2) suspension of driver's license	<input type="checkbox"/>	<input type="checkbox"/>
(b) been required to file evidence of financial responsibility in the past 5 years? (3 years—DC, MD & PA) If "yes," give date and reason.	<input type="checkbox"/>	<input type="checkbox"/>
(c) had their driver's license or driving privileges revoked or suspended in the past 5 years? (3 years—DC, MD & PA) If "yes," list driver and give date and reason.	<input type="checkbox"/>	<input type="checkbox"/>
(d) received a ticket for speeding, a PJC (NC only), or any other vehicle code violation within the past 5 years (3 years—DC, MD & PA)?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," give date and description of violations in section 6 below.		
(e) ever been arrested for ANY reason? If "yes," state date and place of arrest, nature of the offense and disposition (i.e., guilty, not guilty, PBJ, ARD, nolle pros, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
(f) had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing, sight or limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed. (Not Applicable in WI.)	<input type="checkbox"/>	<input type="checkbox"/>
(g) had any Comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years? (3 years—DC, MD & PA) If "yes," give date and description in section 6 below.	<input type="checkbox"/>	<input type="checkbox"/>
(h) while driving a motor vehicle, been involved in an accident or reported a claim to an insurance company during the past 5 years (3 years—DC, MD & PA)?	<input type="checkbox"/>	<input type="checkbox"/>
Describe all incidents, regardless of who was at fault in the accident, in section 6 below.		
(i) For MD: Refused to submit to a chemical test or been given probation before judgment for an alcohol or other vehicle code related violation in the past 3 years.	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," give date.		
(j) For NC: Provided proof of NC residency with a valid NC operator's license, registration, or other proof of residency?	<input type="checkbox"/>	<input type="checkbox"/>

6. Accident, violation or Comprehensive loss date:	GIVE COMPLETE DESCRIPTION OF ACCIDENTS AND COMPREHENSIVE LOSSES, INCLUDING DOLLAR DAMAGE AND WHO PAID DESCRIBE ALL VIOLATIONS. IF SPEEDING, INCLUDE YOUR ACTUAL SPEED AND THE SPEED LIMIT.

7. IN ADDITION TO THE NEW DRIVER LISTED ABOVE, ARE THERE ANY OTHER NEW DRIVERS? YES NO IF "YES," EACH MUST COMPLETE A QUESTIONNAIRE.

MVR CLUE
(COMPANY USE ONLY)

