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Zurich Agency Services

Commercial Inexperienced Operator Questionnaire

Name of Insured:			Policy Number:		
SECTION I					
THE FIRST TWO SECTIONS ARE TO BE FULLY COMPLETED & SIGNED BY THE INEXPERIENCED OPERATOR					
1. Your Name:	2. Date of Birth / /	3. Do you reside with your parents year round? If no, give address and explain fully under "Remarks" <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. What school do you or will you attend?	5. Location of School		6A. Indicate grade average: A B C D F 6B. Indicate highest year completed: <input type="checkbox"/> High School <input type="checkbox"/> College		
7. Have you ever been suspended, expelled or placed on probation at any school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)					
8. Name of employer (If any)	9. Occupational Duties		10. Which car do you usually drive? Also indicate horsepower and cl. of vehicle.		
11. If not living at home, do you have the vehicle with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. % of use _____ %	13. Have you contributed toward its purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. How many days a week will you drive to school or work?	DRIVE TO WORK OR SCHOOL <input type="checkbox"/> Less than 3 Miles <input type="checkbox"/> 3-10 Miles _____ # Miles <input type="checkbox"/> Over 10 Miles	
15. What limitations are imposed on your driving by your parents?			16. How long have you been driving?	17. Driver's License #	18. State
SECTION II EXPLAIN ALL "YES" ANSWERS IN REMARKS					
1. Do you loan the car to others on occasion? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Has your license's ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Have you ever received a ticket or a warning for a traffic law violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Have you ever been arrested or detained for any reason other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Have you ever been involved in an accident (as a driver)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:					
Signature of Operator:				Date:	
SECTION III TO BE COMPLETED BY AGENT					
Car and make of all cars in household			Agent's Recommendation:		
How long have you known operator?	Signature of Agent:		Date:		

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<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries