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Zurich Agency Services

Commercial Inexperienced Operator Questionnaire

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|--|-----------------------------|--|---|--|-----------|
| 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