BackNine Insurance

QUICK QUOTE FOR DRIVING VIOLATIONS

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

CLIENT: NAME _____ / ❑ M ❑ F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED $ _____ / MAX. ANNUAL PREMIUM $ _____ / TYPE OF INS. ❑ UL ❑ TERM YRS. LVL _____

TOBACCO USE ❑ NO ❑ YES, TYPE _____ / REPLACEMENT? ❑ YES ❑ NO / CURRENT ANN. PREM. $ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS ❑ SINGLE ❑ MARRIED ❑ WIDOWED ❑ DIVORCED

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. LIST ALL MOVING MOTOR VEHICLE AND SPEEDING VIOLATIONS OVER THE PAST 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 _____

TYPE _____ MONTH _____ YEAR _____

❑ NONE

4. DETAIL ACCIDENTS INVOLVING MAJOR PROPERTY DAMAGE, IF ANY:

DETAIL _____

_____ MONTH _____ YEAR _____

DETAIL _____

_____ MONTH _____ YEAR _____

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

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. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

_____

_____

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