



147 Thurman Avenue,
Columbus, Ohio 43206
(614) 443-0533
FAX (614) 444-1201

DRIVER QUESTIONNAIRE

(To be completed by each driver)

COMPANY NAME: _____

Name of Driver: _____ Marital Status: _____

Date of Birth: _____ Social Security Number: _____

Drivers License No: _____ State: _____

Has any company either cancelled or declined insurance for you during the past five years?

YES _____ NO _____ If yes, explain: _____

Are you physically impaired? YES _____ NO _____ If yes, explain: _____

How long with present employer? _____ If less than three years, list previous employment and positions held.:

Please list ALL accidents and violations you have been involved in, (even if you were not at fault), in the past five years.

| DESCRIPTION | DATE | WHERE |
|-------------|------|-------|
| | | |
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I certify the above information is complete an accurate to the best of my knowledge and belief. I, the under-
signed, hereby authorize W.E. Davis Insurance Agency, Inc. or its assigns, to obtain copies of my Motor Vehicle
Report for use in rating and/or underwriting the insurance for which the above employer has applied, and any
renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be
used by the insurer and do hereby authorize such use.

DATE

SIGNATURE



DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR EMPLOYMENT PURPOSES

The undersigned hereby authorizes the

Name of Company

or its insurance agency, The W.E. Davis Insurance Agency, Inc., or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: _____

Signed: _____

Print Name