

Cenco Insurance Marketing Corporation
1501 El Camino Avenue • Suite 1 • Sacramento • CA • 95815
(916) 920-5251 • (800) 452-3626 • FAX (916) 920-8734



Questionnaire For: Driving Violations

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

Agent's Name: _____ Phone #: _____
 Proposed Insured: _____ Date of Birth: ___/___/___
 Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
 Amount of Coverage \$ _____ Product Type _____

- List all speeding violations over the past five years:
 Month _____ Year _____ Month _____ Year _____
 Month _____ Year _____ Month _____ Year _____
- Does the client currently hold a valid driver's license? Yes No
 If yes, please detail: State _____ Expiration Date _____
- Detail last moving violations other than speeding, if any: None
 Type _____ Month _____ Year _____
 Type _____ Month _____ Year _____
- Detail accidents involving major property damage, if any:
 Detail _____
 Month _____ Year _____
 Detail _____
 Month _____ Year _____
- Within the last six years, list the occasion and date of driving under the influence (DUI) arrests and convictions: None
 Month _____ Year _____ Month _____ Year _____
 Month _____ Year _____ Month _____ Year _____
- Has the client ever been treated for substance abuse? Yes No
 If yes, please detail: Month _____ Year _____ Place _____
- Client's marital status: Married Single Divorced Widowed
- Client's occupation _____
- Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each: _____