



Motor Vehicle/DUI

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Is the client currently employed Yes No If yes, occupation _____

Any DUI/DWI violations Yes No

If yes, provide date(s) _____

If yes, penalty imposed (e.g. jail, probation, fines, mandated classes, license suspension, etc.) _____

If jail, length of jail time and release date _____

Is the client currently on probation Yes No If yes, when will probation end _____

Is the client's driver's license currently valid Yes No

Has the client ever had a history of alcohol abuse or ever been advised by a physician or other person to cut back or abstain from drinking?

Yes No If yes, provide full details below (e.g. how often and how much he or she was drinking, any inpatient or outpatient treatment with dates, attending AA, etc.)

Does the client currently use alcohol Yes No If yes, how much per sitting and how often

Any history of recreational drug use Yes No If yes, provide details (e.g. type of drug(s) used, date of last use, etc.)

In the last 5 years has the client had any speeding ticket(s) Yes No If yes, provide date(s) and indicate how many MPH over the limit for each incident _____

If applicable, list any other motor vehicle violations with dates in the last 5 years _____

Has the client's driver's license ever been suspended Yes No If yes, provide reason(s), date of suspension, and date of restoration
If currently suspended, when will it be restored _____