



DRIVER QUESTIONNAIRE #29

DIARY

ERIE may require a Driver Questionnaire for any licensed driver in the household. We may also require a Driver Questionnaire for a driver not residing in the household who has regular access to an insured vehicle.
WARNING: Failure to complete and return the Driver Questionnaire may jeopardize continuing coverage.

| 1. AGENT'S NO. | | AGENT'S NAME | | 2. NAMED INSURED: LAST NAME | | FIRST NAME | M.I. | POLICY NUMBER |
|--|---|-----------------------------------|---|--|-------------------------|--|-----------------------------|--|
| DRIVER INFORMATION | | | | | | | | |
| 3. NAME OF DRIVER (EXACTLY AS IT APPEARS ON LICENSE) | | | | | | | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| IF NAME HAS CHANGED WITHIN PAST 60 DAYS, PRIOR NAME | | | | | RELATIONSHIP TO INSURED | | IF SPOUSE, DATE OF MARRIAGE | |
| STREET ADDRESS | | | CITY | | | STATE | | ZIP CODE |
| HOME PHONE NUMBER | | DRIVER'S LICENSE OR PERMIT NUMBER | | | STATE | SOCIAL SECURITY NUMBER: | | |
| HOW LONG AT THIS ADDRESS? | IF LESS THAN 3 YEARS, GIVE PREVIOUS ADDRESS OF A 2-YEAR DURATION (NOT MILITARY) | | | OCCUPATION | | EMPLOYER NAME AND STREET ADDRESS | | |
| DATE OF BIRTH | ORIGINAL LICENSE OR PERMIT DATE | MARITAL STATUS | VEHICLE USED BY DRIVER: PERCENT OF USE % | ANY RESTRICTION ON LICENSE? (Not applicable in WI) <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," LIST RESTRICTION CODE(S) AND EXPLAIN: | | | | |
| IF UNDER 21, HAS DRIVER COMPLETED AN ACCREDITED DRIVER TRAINING COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," ATTACH COPY OF DRIVER TRAINING CERTIFICATE. | | | | | | | | |
| IF, IN THE PAST 36 MONTHS, YOU WERE LICENSED IN A DIFFERENT STATE, LIST DRIVER'S LICENSE NUMBER IN THAT STATE: | | | | | STATE | EMPLOYER PHONE NO. CELL PHONE NO. | | |
| 4. INSURANCE RECORD: COMPANY THAT LAST CARRIED YOUR AUTO INSURANCE | | | | POLICY NUMBER | | ARE YOU GOING TO CONTINUE COVERAGE WITH THAT COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," LIST YEAR, MAKE AND VIN OF VEHICLES: | | |
| HAVE YOU EVER HAD INSURANCE WITH ERIE? IF YES, STATE DATES, NAME ON POLICY AND POLICY NUMBER | | | | | | | | |
| DO YOU RESIDE WITH THE NAMED INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO," DO YOU RESIDE WITH ANY OTHER ERIE POLICYHOLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |
| IF "YES," GIVE NAME, RELATIONSHIP AND POLICY NO. | | | | | | | | |
| 5. WARNING: An incorrect answer, intentional or not, to any question below may jeopardize continuing coverage. If the answers to any of the following are "Yes," please give requested details below. (Attach additional sheet of paper if necessary.) | | | | | | | | |
| Has driver: | | | | | | | | YES NO |
| (a) had any auto insurance refused, cancelled or expired in the past 5 years? (3 years—MD & PA) or been excluded or restricted on a policy in the past 5 years? In either case, give name of company, policy number, date and reason if known. (Not Applicable in DC.) | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| In OHIO (a) Has any driver had any auto insurance refused, cancelled or expired in past 5 years for: (Give name of company, date and details) | | | | | | | | |
| (1) material misrepresentation on application or in submission of a claim | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (2) suspension of driver's license | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (b) been required to file evidence of financial responsibility in the past 5 years? (3 years—DC, MD & PA) If "yes," give date and reason. | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (c) had their driver's license or driving privileges revoked or suspended in the past 5 years? (3 years—DC, MD & PA) If "yes," list driver and give date and reason. | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (d) received a ticket for speeding, a PJC (NC only), or any other vehicle code violation within the past 5 years (3 years—DC, MD & PA)? If "yes," give date & description of violations in 6 below. | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (e) ever been arrested for ANY reason? If "yes," state date and place of arrest, nature of the offense and disposition (i.e., guilty, not guilty, PBJ, ARD, nolle pros, etc.) | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (Not applicable in DC, MD, NY or WI) | | | | | | | | |
| For DC, MD and WI: (e) ever been arrested and convicted for arson, insurance fraud, a crime involving dishonesty or the misappropriation of funds, or for a criminal offense while using a motor vehicle in the past 10 years? (Give date, place of arrest, conviction and penalty in section 6 below.) | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| For NY: (e) ever been convicted of or otherwise found guilty of a crime (excluding offenses committed while a juvenile or sealed by court order)? | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (If "Yes," give date, conviction and penalty in Section 6 below.) | | | | | | | | |
| (f) had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing, sight or limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed. (Not Applicable in WI.) | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (g) had any Comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years? (3 years—DC, MD & PA) If "yes," give date and description in section 6 below. | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (h) while driving a motor vehicle, been involved in an accident or reported a claim to an insurance company during the past 5 years (3 years—DC, MD & PA)? Describe all incidents, regardless of who was at fault in the accident, in section 6 below. | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (i) For MD: Refused to submit to a chemical test or been given probation before judgment for an alcohol or other vehicle code related violation in the past 3 years. If "yes," give date. | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| (j) For NC: Provided proof of NC residency with a valid NC operator's license, registration, or other proof of residency? | | | | | | | | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Accident, violation or Comprehensive loss date: GIVE COMPLETE DESCRIPTION OF ACCIDENTS AND COMPREHENSIVE LOSSES, INCLUDING DOLLAR DAMAGE AND WHO PAID DESCRIBE ALL VIOLATIONS. IF SPEEDING, INCLUDE YOUR ACTUAL SPEED AND THE SPEED LIMIT. | | | | | | | | |
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7. IN ADDITION TO THE NEW DRIVER LISTED ABOVE, ARE THERE ANY OTHER NEW DRIVERS? YES NO IF "YES," EACH MUST COMPLETE A QUESTIONNAIRE.

MVR CLUE
(COMPANY USE ONLY)

CONTRACTOR'S BONDING QUESTIONNAIRE

We are sensitive of the time investment required by you to gather the necessary information to secure Surety credit. We want to thank you for your time and efforts.

I. ORGANIZATION

Contractor's Name: _____
 Address: _____
 Telephone No. _____ Fax No. _____
 Date Business Started _____ Year of Incorporation _____ Tax ID No. _____

Principals of Company

| Name | Date of Birth | Spouse's Name | % Ownership | Position | Years w/Company | Years in Construction | Social Security # |
|------|---------------|---------------|-------------|----------|-----------------|-----------------------|-------------------|
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Have there been any changes in ownership over the past two (2) years? ____ If so, what changes have occurred? _____

Do the above principals have a majority (50% or more) ownership position in any other companies? _____
 If so, what is your ownership %, name of company and type of business? _____

Is the company a beneficiary on any life insurance policy? _____ If so, on whom and how much? _____

What type of construction does your company undertake? _____

Type of work with own forces: _____ Subcontracted: _____

What percentage of work is performed as a prime? ____ Subcontractor? _____

What is the normal geographic area in which your company solicits work? _____

Has there been any significant changes or anticipated changes in the type of construction performed over the past couple years? _____

Key Personnel (attach brief resumes, if available)

| Name | Year of Birth | Position | Years w/Company | Years in Construction | Previous Employer |
|------|---------------|----------|-----------------|-----------------------|-------------------|
| | | | | | |
| | | | | | |
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What is the largest backlog carried by the company: \$ _____ # of Jobs _____ Year _____

Has your company ever failed to complete any work awarded to them? _____
 If yes, why? _____

Has any principal of your organization ever failed to complete a construction contract? _____

Has company, affiliated company, or an owner ever filed for bankruptcy? _____ In receivership? _____

Any open disputes on contracts or payment of labor or material bills? _____

Are any liens for labor, material or taxes filed against company on any contracts which have been completed or still remain open? _____

Are there any projects in the early stages of completion that had a bid spread in excess of 10%? If yes, please provide a brief explanation. _____

II. REFERENCES

Suppliers/Subcontractor

| Name | Contact Person | Phone Number | Material/Service |
|------|----------------|--------------|------------------|
| | | | |
| | | | |
| | | | |

Architect/Engineer

| Name | Contact Person | Phone Number | Material/Service |
|------|----------------|--------------|------------------|
| | | | |
| | | | |
| | | | |

III. THREE LARGEST PROJECTS COMPLETED AS OF TODAY'S DATE

| Year | Name of Project | Contact Person | Phone Number | Brief Description | Final Contract Price | Final Gross Profit |
|------|-----------------|----------------|--------------|-------------------|----------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

IV. BANK CREDIT

Name of Bank _____ Account Exec. _____
 Address _____ Phone No. _____
 Account Information: Savings Acct. # _____ Checking Acct. # _____
 Working Capital Line _____ Amount Outstanding _____
 Security on Line _____

Thank you for your thoroughness in completing this application as well as attaching the necessary information. Your efforts will enhance and maximize the potential surety credit available for your company.

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

Signed and Dated