DRIVER QUESTIONNAIRE #31

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 . AG	ENT'S NO.	AGENT'S NAME		2. NAMED INSURED: LAST NAM	E	FIRS	ST NAME N	M.J. POLICY	NUMBER		
				DRIVER INFO	DRMATION			t = Tir	_		
3. NAME OF DRIVER (EXACTLY AS IT APPEARS ON LICENSE) MALE FEMALE											
IF NAME HAS CHANGED WITHIN PAST 60 DAYS, PRIOR NAME										MARRIAGE	
ST	REET ADDR	ESS		CIT	Υ		S	STATE Z	ZIP CODE		
HC	ME PHONE	NUMBER	DRIVER'S LICENSE O	R PERMIT NUMBER		STATE	SOCIAL SECURITY NUI	MBER:			
HOV	HOW LONG AT IF LESS THAN 3 YEARS, GIVE PREVIOUS ADDRESS OF A 2-YEAR DURATION (NOT OCCUPATION EMPLOYER NAME AND STREET ADDRESS THIS ADDRESS? MILITARY)										
	DATE OF BIRTH ORIGINAL LICENSE MARITAL OR PERMIT DATE STATUS PERCENT OF USE ANY RESTRICTION ON LICENSE? (Not applicable in WI) YES NO IF "YES," LIST RESTRICTION CODE(S) AND EXPLAIN:										
				DRIVER TRAINING COURSE? YES	S NO IF"	The second secon	PY OF DRIVER TRAINI		SATE.		
IF,	IN THE PAS ATE, LIST D	T 36 MONTHS, RIVER'S LICENS	YOU WERE LICENSED IN A D SE NUMBER IN THAT STATE:	FFERENT		1 Sandanisa	EMPLOYER PHONE NO CELL PHONE NO.	J.			
4. IN	4. INSURANCE RECORD: COMPANY THAT LAST CARRIED YOUR AUTO INSURANCE POLICY NUMBER ARE YOU GOING TO CONTINUE COVERAGE WITH THAT COMPANY?										
HA	HAVE YOU EVER HAD INSURANCE WITH ERIE? IF YES, STATE DATES, NAME ON POLICY AND POLICY NUMBER YES NO IF "YES," LIST YEAR, MAKE AND VIN OF VEHICLES:										
	DO YOU RESIDE WITH THE NAMED INSURED? YES NO IF "NO," DO YOU RESIDE WITH ANY OTHER ERIE POLICYHOLDER? YES NO										
IF.	IF "YES," GIVE NAME, RELATIONSHIP AND POLICY NO.										
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 (a)	driver:	ito insurance re	fused cancelled or expired	n the past 5 years? (3 years-MD & PA	A) or been exclud	ed or restricted	on a policy in the past	t 5 years? In	either case, give	YES NO	
(α)	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.) 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)										
	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.										
(1.)	(2) suspension of driver's license been required to file evidence of financial responsibility in the past 5 years? (3 years–DC, MD & PA) If "yes," give date and reason.										
(b)			Compared Control of the Control of t								
(c)		d 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.									
(d)	in 6 belov	eived 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 is below.									
(e)	ever been	ver 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.).								اللا للارة	
	For DC. N	ID and WI: (e)	ver been arrested and convict	ed for arson, insurance fraud, a crime inv	rolving dishonesty	or the misappropr	iation of funds, or for a	criminal offer	ise		
	KY ONLY:	while using a motor vehicle in the past 10 years? (Give date, place of arrest, conviction and penalty in section 6 below.) (Y ONLY: 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? 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)?										
,,	(If "Yes," give date, conviction and penalty in Section 6 below.) (If 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,										
(f)	had a phy back cond	sical or mental lition or other n	impairment or disability or ledical infirmity), its duratio	n and treatment obtained and/or med	ication prescribe	d. (Not Applicable	e in WI.)				
(g)	had any C	omprehensive I	osses (deer, fire, glass brea	cage, theft, etc.) in the past 5 years? (3 years-DC, MD	& PA) If "ves," git	ve date and descriptio	on in section	6 below		
(h) (i)	Describe all incidents, regardless of who was at fault in the accident, in section 6 below.										
	If "yes," give date.										
(j) A	(j) For NG: provided proof of NG residency with a valid NG operator's license, registration, or other proof of residency? Accident violation or GIVE COMPLETE DESCRIPTION OF ACCIDENTS AND COMPREHENSIVE LOSSES. INCLUDING DOLLAR DAMAGE AND WHO PAID										
6. 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.											
********										D = 1 -10	

7. IN ADDITION TO THE	NEW DRIVER LISTED ABOVE, ARE THERE ANY OTHER NEW DRIVERS? 🖂 YES 🖂 NO 🔝 IF "YES," EACH MUST COMPLETE A QUESTIONNAIRE.
8. OTHER PERTINENT IN	IFORMATION/COMMENTS
	THE RESERVE THE RESERVE THE THE PARTY OF THE
201001000000000000000000000000000000000	

PLEASE READ:	
DC APPLICANT(S)	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
KY APPLICANT(S)	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
MD APPLICANT(S)	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
NY APPLICANT(S) (Fraud Warning)	Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
OHIO APPLICANT(S)	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
PA APPLICANT(S)	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
TN & VA APPLICANT(S)	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WV APPLICANT(S)	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
OTHER APPLICANT(S)	Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.
	I certify that I have given true and complete answers to the questions in this questionnaire.
DRIVER SIGNATUR	REDale.

UF1297 7/15 Pg. 2 of 2