

BEAR RIVER MUTUAL INSURANCE COMPANY

Automobile Additional/New

Agent _____

Insured _____

Number _____

Effective _____

Driver Questionnaire

To Be Completed, Initialed, and Signed in APPLICANT'S Own Handwriting

NOTICE: Bear River Mutual Insurance Company only writes automobile insurance policies for those who **TOTALLY ABSTAIN FROM THE CONSUMPTION** of ANY ALCOHOLIC BEVERAGES or ILLEGAL DRUGS in any form or amount. Total abstinence from the consumption of alcoholic beverages, and illegal drugs, in any form or any amount, is not limited to the time a person is driving a motor vehicle. Therefore, the statements and responses may affect the acceptance of your application for insurance.

Name of Insured _____ Policy Number(s) _____

New Drivers Name _____ Male Female Birthdate _____

Utah Drivers License # _____
or _____
Utah Permit # _____ Single Married Separated Divorced

Relationship to Named Insured _____ How long have you lived at present address? _____

Occupation (if self employed please explain) _____

Address of Employer _____ Employer Phone _____

Name of college or trade school, if attending. _____

Miles driven one way to work or college / trade school _____ Number of days driven per week _____

1. Have you consumed any alcoholic beverages within the last 3 years, in any form or in any amount? Yes No _____
Applicant Initial

2. Have you consumed any illegal drugs or narcotics within the last 3 years, in any form or in any amount? Yes No _____
Applicant Initial

3. Have you been arrested or convicted of driving under the influence of alcohol or illegal drugs within the last 3 years, in any form or in any amount? Yes No _____
Applicant Initial

4. Has any insurance coverage been declined, cancelled or non-renewed in the last 3 years? If yes, explain in remarks. Yes No

5. Have you had your driver's license revoked or suspended in the last 3 years? If yes, explain in remarks. Yes No

6. Have you been ticketed for a traffic violation (other than parking) in the last 3 years? Yes No

7. Have you been involved in an accident as a driver during the last 3 years? If yes, explain in remarks. Yes No

REMARKS

Uploaded Mailed
Insured _____
Effective _____

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Driver Questionnaire Page 2 of 2**

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8. Have you been treated for heart trouble, high blood pressure, diabetes, dizzy spells, epilepsy, stroke, hearing or eye trouble, or other disabling diseases? If yes, explain in remarks. Yes No

9. Do you have a license restriction other than glasses? If yes, explain in remarks. Yes No

10. Are you aware that letting someone else drive your car, who is not a family member, may jeopardize your insurance? Yes No

11. Is the vehicle you drive used for business? If yes, explain in remarks. Yes No

12. Do you live with your parents? If no, list address. Yes No

13. Are you the co-owner of any vehicle? If yes, with whom? Yes No

14. Are you the titled owner of any vehicle? Yes No Year _____ Make _____ Model _____

15. If you are the principal operator, which vehicle do you drive. Year _____ Make _____ Model _____

16. If returning home to live with named insured, or if you have not been listed on a Bear River policy before, please explain why you are being added now.

ALCOHOL / DRUG USE DECLARATION

I hereby declare:

- > I totally abstain from ANY alcohol, ANY illegal drug and ANY illegal substance of any kind.
- > If insured by Bear River Mutual Insurance Company, I promise that I will never use or consume ANY alcohol, ANY illegal drug or ANY illegal substance.
- > I will not allow the insured motor vehicle to be operated by anyone who has consumed ANY alcohol, ANY illegal drug or ANY illegal substance.
- > I understand that coverage will be reduced or eliminated as set forth in this Policy.

ADDITIONAL/NEW DRIVER STATEMENT AND SIGNATURE

I certify that I have read and answered each question herein truthfully and that the information given is true and correct. I further certify to the company that I understand that the information in this application is material to the company in determining whether they will accept this application for insurance. I understand that if I have concealed or misrepresented any material fact or circumstance, the entire insurance applied for may be cancelled at the election of the company. I understand that this application is made subject to the approval of the company and shall be binding only upon such approval by the company and the issuance of the Policy.

Signature of Applicant

Date

Signature of Agent

Date