

# Motor Vehicle Violations Questionnaire

- Tentative offers obtained are not binding and could be subject to change –  
Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: \_\_\_\_\_  
 Proposed Insured: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Gender: Male  or  Female  
 Build: Height \_\_\_\_\_ Weight \_\_\_\_\_ Any Weight Loss In Last Year? If so how much \_\_\_\_\_  
 Product Desired: Term  Guarantee UL  Index UL  Whole Life  Survivorship Life   
 Face Amount Desired: Option 1 \$ \_\_\_\_\_ Option 2 \$ \_\_\_\_\_ Option 3 \$ \_\_\_\_\_  
 Maximum Premium Tolerance Per Year: \_\_\_\_\_  
 Has Client Ever Used Any Form Of Nicotine? No  Yes   
 Type:  Cigarettes  Cigars  Pipe  Chew  Patch  Nicorette Gum  E-Cigarette  Vape  
 Frequency: \_\_\_\_\_ Date Last Used \_\_\_\_\_  
 Current Alcohol Use: Type \_\_\_\_\_ Number of Drinks: \_\_\_\_\_ Per \_\_\_\_\_ Day \_\_\_\_\_ Week Date Last Used: \_\_\_\_\_

1) Please list dates of all moving and or traffic violations you have received in the past 5 years:

Violation Type	Month/Year	Outcome	Violation Type	Month/Year	Outcome

2) Please provide details to any accidents in the past 5 years:

Details	Month/Year

3) In the last 10 years, have you been arrested and or convicted of DUI or DWI? If yes; please provide complete details: to include month/year, charges, jail/prison time, fines, probation or parole, outcome and completion date

\_\_\_\_\_

\_\_\_\_\_

4) Has your driver’s license been suspended or revoked in the past 5 years? If yes; provide complete details

\_\_\_\_\_

\_\_\_\_\_

5) If previously suspended or revoke has your driver’s license has been reinstated? If yes; provide month and year? If no why has driver’s license not been restored?

\_\_\_\_\_

\_\_\_\_\_

6) Have you ever been treated for alcohol or substance abuse? If yes; please provide details include month/year, treatment, duration of treatment and outcome:

\_\_\_\_\_

\_\_\_\_\_

7) Is there family history of heart disease or cancer?  Yes  No If yes; provide details including relationship to yourself, age of onset, type and current age or date of death

\_\_\_\_\_

\_\_\_\_\_

8) Are you being treated for any medical conditions? If yes; provide details

\_\_\_\_\_

\_\_\_\_\_

9) Please list all current medication, dosages and what condition the medication is treating

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\_\_\_\_\_

**Please use additional pages if needed**



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