Erie Insurance®

COMMERCIAL DRIVER QUESTIONNAIRE #10

1. POLICYHOLDER'S NAME	POLICY NUMBER	AGENT NO.	AGENT NAME
Allegany County Commissioners			Eric Livengood

POLICYHOLDER'S ADDRESS

DRIVER INFORMATION

2. DRIVER'S FIRST NAME	MIDDLE INITIAL	LAST NAME	☐ MALE ☐ FEMALE

LICENSE NUMBER	STATE	PRIOR STATE AND OPERATOR'S NUMBER IF LESS THAN 3 YEARS	DATE FIRST LICENSED OR DATE OF PERMIT	DATE OF BIRTH	SOCIAL SECURITY NUMBER

COMMERCIAL DRIVER'S LICENSE? ☐ YES ☐ NO	DATE HIRED	JOB TITLE	DRIVER'S AUTO INSURANCE COMPANY	HOME PHONE NUMBER

3. 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," give details in space provided.

Has driver:	YES	NO
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? or been excluded or restricted on a policy in the past 5 years?	☐	☐
OHIO ONLY: Had any auto insurance refused, cancelled or expired for:		
(1) Material misrepresentation in application or in submission of claims?	☐	☐
(2) Suspension, revocation or expiration of operator's license of named insured or principal operator?	☐	☐
(b) Been required to file evidence of financial responsibility in the past 5 years?	☐	☐
(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (Give date and reason.)	☐	☐
(d) Received a ticket for speeding, a PBJ (PJC in NC), or any other vehicle code violation within the past 5 years? (If "Yes," give date and description of violation(s). If speeding, include your actual speed and the speed limit.)	☐	☐
(e) Ever receive any felony convictions? Give date, description and penalty.	☐	☐
(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.	☐	☐
(g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years?	☐	☐
(h) While driving any motor vehicle, commercial or personal, been involved in an accident during the past 5 years? Describe all accidents regardless of who was at fault under No. 8 below.	☐	☐
(i) **FOR MD ONLY**: Refused to submit to a chemical test or been given probation before judgment for an alcohol violation in the past 3 years?	☐	☐

(NOTE FOR DC ONLY: Question 3(a) not applicable. For questions (b), (c),(d), (g), (h) & (i), ask for 3 year record only.)
(NOTE FOR MD ONLY: For Questions 3 (a), (b), (c), (d), (g), (h) & (i) ask for 3 year record only.)
(NOTE FOR WI ONLY: Question 3(f) not applicable.)

Details for "Yes" answers:

4. List driver's previous experience driving types of commercial vehicles insured and any safety courses completed

5. Does driver take home any company autos on a regular basis? ☐ Yes ☐ No If yes, what vehicle(s)

6. Does driver have any restrictions on license? ☐ Yes ☐ No If yes, what are the restrictions?

7. Were MVRs/CLUEs ordered on any/all drivers? ☐ Yes ☐ No If "Yes," attach copies.

8. OTHER PERTINENT INFORMATION

AGENT: Do you consider this an acceptable risk?

Agent's Signature

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.
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.
COMMERCIAL DRIVER SIGNATURE	**I certify that I have given true and complete answers to the above questions. You have my permission to obtain a copy of my motor vehicle driving record for purposes of determining my eligibility for coverage under this policy.** DRIVER'S SIGNATURE .....Date .....
POLICYHOLDER SIGNATURE	POLICYHOLDER'S (OR AUTHORIZED REPRESENTATIVE'S) SIGNATURE .....Date ..... Title .....