

Mutual of Detroit

Applicant Driving Habits Questionnaire

Proposed Insured: _____ Policy Number: _____ Date of Birth: _____

REMARKS

YES NO

1) Have you been ticketed for a moving violation during the past 3 years?
Please list the violations and dates:

2) Have you been involved in any accidents within the past 3 years?

(If "Yes," please describe)

Was there any property damage?

Try to distinguish between major and minor damage.

Was anyone involved injured?

3) Has your driver's license ever been revoked or suspended?

(If "Yes," please describe)

4) Driver's license number:

5) Additional details:

I represent that I have read and understand all the statements and answers in this questionnaire and that they are true and complete to the best of my knowledge. I agree that the statements and answers given in this questionnaire will be the basis of any insurance issued.

Proposed Insured

Agent

Date