



# QUICK QUOTE FOR DRIVING VIOLATIONS

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance. © COPYRIGHT CPS

CLIENT: NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_

TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT?  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED

AGENT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. LIST ALL MOVING MOTOR VEHICLE AND SPEEDING VIOLATIONS OVER THE PAST FIVE YEARS:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

2. DOES THE CLIENT CURRENTLY HOLD A VALID DRIVER'S LICENSE?

NO  YES PLEASE DETAIL:

STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

3. DETAIL LAST MOVING VIOLATIONS OTHER THAN SPEEDING, IF ANY:

TYPE \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

TYPE \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

NONE

4. DETAIL ACCIDENTS INVOLVING MAJOR PROPERTY DAMAGE, IF ANY:

DETAIL \_\_\_\_\_

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DETAIL \_\_\_\_\_

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

5. WITHIN THE LAST SIX YEARS, LIST THE OCCASION AND DATE OF DRIVING UNDER THE INFLUENCE (DUI) ARRESTS AND CONVICTIONS:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

NONE

6. HAS THE CLIENT EVER BEEN TREATED FOR SUBSTANCE ABUSE?

NO  YES, PLEASE DETAIL:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

PLACE \_\_\_\_\_

7. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_