

(Continued from page 7)

DRIVER QUESTIONNAIRE
(To be completed by EACH driver)

COMPANY NAME: WV LIONS SIGHT CONSERVATION

Name of driver: _____ Marital Status: _____

Home Address:(as registered with Dept. Motor Vehicle) _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State Issued: _____ Restrictions/Codes: _____

Hazardous material certification: _____ Yes, _____ No CDL Cert.: _____ Yes, _____ No

Has any company either canceled or declined insurance for you during the least five years?
_____ Yes, _____ No If yes, explain: _____

Are you physically impaired? _____ Yes, _____ No If yes, explain: _____

Date of present employment: _____ If less than three years, please list previous employment and positions held: _____

Please list all accidents and violations you have been involved in (even if not at fault) during last five years:

<u>DESCRIPTION</u>	<u>DATE</u>	<u>WHERE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify the above information is complete and accurate to the best of my knowledge and belief.

Date: _____ Signature of driver: _____

Print name: _____

The information you are providing will be used to secure a current Motorist Vehicle Report. No information will be used for other purposes—i.e. individual credit reports. Your driver's record is an important consideration by any insurance carrier when underwriting the submission of any account.

THIS FORM MUST BE SIGNED

Fax signed Driver Questionnaire to Paul Amrhein, 304-242-8519