



# © QUICK QUOTE FOR DRIVING VIOLATIONS

INFORMATION GATHERED WILL BE USED IN THE EVALUATION OF THE INSURABILITY OF THE APPLICANT. OFFERS ARE TENTATIVE AND ARE SUBJECT TO VERIFICATION OF THE SUBMITTED MEDICAL EVIDENCE AND OTHER CRITERIA USED IN THE UNDERWRITING OF LIFE INSURANCE.  
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CLIENT: NAME \_\_\_\_\_ / [ ] M [ ] F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMNT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.: [ ] PERM [ ] TERM YRS. LEVEL \_\_\_\_\_

TOBACCO USE: [ ] NO [ ] YES, DETAIL \_\_\_\_\_ / REPLACEMENT? [ ] YES [ ] NO / CURRENT ANN. PREMIUM \$ \_\_\_\_\_

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

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

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

FOR USE BY CPS OFFICE ONLY: ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. LIST ALL 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?

[ ] YES [ ] NO, IF 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?

[ ] YES [ ] NO, IF YES, PLEASE DETAIL:

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

PLACE \_\_\_\_\_

7. CLIENT'S MARITAL STATUS:

[ ] MARRIED [ ] SINGLE [ ] DIVORCED [ ] WIDOWED

8. CLIENT'S OCCUPATION \_\_\_\_\_

9. PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_