



ERIE  
INSURANCE  
GROUP

# ADDITIONAL DRIVER QUESTIONNAIRE #20

DIARY

The ERIE may require an Additional Driver Questionnaire (ADQ) for any licensed driver in the household. In addition, we may require an Additional Driver Questionnaire (ADQ) for a driver not residing in the household who has regular access to an Insured vehicle(s).

**WARNING:** Failure to complete and return the ADQ may jeopardize continuing coverage.

1. AGENT'S NO.	AGENT'S NAME	ADDITIONAL DRIVER ADDED TO THIS POLICY NO.	ADD'L DRIVER HOME PHONE NO.
2. NAMED INSURED (LAST NAME)	(FIRST NAME)	RELATIONSHIP TO ADD'L DRIVER	

ADDITIONAL DRIVER INFORMATION	3. LIST NAME EXACTLY AS IT APPEARS ON DRIVER'S LICENSE:			
	<input type="checkbox"/> MR <input type="checkbox"/> MRS	<input type="checkbox"/> MISS <input type="checkbox"/> MS	LAST NAME	FIRST NAME
	DRIVER'S LICENSE NUMBER:		STATE	IF SPOUSE, DATE OF MARRIAGE
	ANY RESTRICTION ON LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," LIST RESTRICTION CODE _____ AND EXPLAIN IN ITEM 9	SOCIAL SECURITY NUMBER:	DATE OF BIRTH	DATE FIRST LICENSED
	ADDRESS NUMBER AND STREET		CITY COUNTY	STATE ZIP CODE
	HOW LONG AT PRESENT ADDRESS?	IF LESS THAN THREE YEARS, GIVE PREVIOUS ADDRESS OF A TWO-YEAR DURATION (NOT MILITARY)		
	OCCUPATION	EMPLOYER AND ADDRESS		

**4. 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 requested details below. (Attach additional sheet if necessary.)**

<p><b>Has driver:</b></p> <p>(a) Had any auto insurance refused, cancelled or expired in the past 5 years? (3 years—MD &amp; PA) or been excluded or restricted on a policy in the past 5 years? In either case, give name of Company, Policy No., date and reason if known ..... <b>In Ohio only if cancelled for</b> (1) Material Misrepresentation of app or claim. (2) Suspension of operator's license .....</p> <p>(b) Been required to file evidence of financial responsibility in the past 5 years? (3 years—DC, MD &amp; PA) (Give date and reason) .....</p> <p>(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (3 years—DC, MD &amp; PA) (If "yes," list driver and give date and reason) .....</p> <p>(d) Received a ticket for speeding, a PJC (NC only), or any other vehicle code violation within the past 5 years? (3 years—DC, MD &amp; PA) (If "Yes," give details and violation and for speeding, give MPH over the limit.) .....</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>(e) Even been arrested for ANY reason? (Give date, place of arrest, conviction and penalty) .....</p> <p>(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., hear, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed .....</p> <p>(g) Had any Comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years? (3 years—DC, MD &amp; PA)? (Describe) .....</p> <p>(h) While driving a motor vehicle, been involved in an accident or reported a claim to an insurance company during the past 5 years? (3 years—DC, MD &amp; PA)? List driver(s) and describe all incidents, regardless of who was at fault, under No., 5 below. ....</p> <p>(i) <b>FOR MD APPLICANTS:</b> Refused to submit to chemical test or been given probation before judgment for an alcohol violation in the past 3 years? .....</p> <p><b>(NOTE FOR DC APPLICANTS:</b> Question 4(a) not applicable.)</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
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5. Accident Date	COMPLETE DESCRIPTIN OF ACCIDENT—INCLUDING DOLLAR DAMAGE AND WHO PAID (If necessary, attach additional sheet)
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<p>6. DEFENSIVE DRIVER PLAN/SAFE DRIVER INSURANCE PLAN: If any of the accidents described in Section 5 are not subject to a surcharge, list exact reason and date of accident.</p> <p>Date(s) of Loss ..... Reason(s).....</p>	<p>10. INSURANCE RECORD: Name of company which last carried your auto insurance .....</p> <p>..... Other company policy no. ....</p> <p>Are you going to continue coverage with that company? If "Yes," list Year, Make &amp; VIN of car .....</p> <p>Were you ever insured with "ERIE"? ..... When? .....</p> <p>If "Yes," give name in which policy was written (if different) .....</p> <p>"ERIE" Policy No. ....</p> <p>Do you reside with the Named Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," do you reside with any other "ERIE" Policyholder? .....</p> <p>If "Yes," give name, relationship and Policy No. ....</p>
<p>7. <input type="checkbox"/> DRIVER TRAINING DISCOUNT: (Not applicable in NC) I certify that I have visually verified certificate(s) showing completion of accredited Driver Training Course(s).</p> <p>Agent's Signature .....</p>	<p>AGENT: How long have you known Additional Driver? .....</p> <p>Do you consider this an acceptable risk? .....</p> <p>Agent's Signature .....</p>
<p>8. In addition to the new driver listed above, are there any other new drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," complete an ADQ for each.</p>	
<p>9. OTHER PERTINENT INFORMATION .....</p> <p>.....</p> <p>.....</p>	

DC APPLICANT(S) PLEASE READ	<b>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.</b>
OHIO APPLICANT(S) PLEASE READ	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) PLEASE READ	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.
VA APPLICANT(S) PLEASE READ	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.
OTHER APPLICANT(S) PLEASE READ	Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.
ADDITIONAL DRIVER SIGNATURE	I certify that I have given true and complete answers to the questions in this questionnaire. ..... Date .....