



# 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	

<b>ADDITIONAL DRIVER INFORMATION</b>	3. LIST NAME EXACTLY AS IT APPEARS ON DRIVER'S LICENSE:			
	LAST NAME		FIRST NAME	MIDDLE INITIAL (MAIDEN NAME, IF APPLICABLE)
	<input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MS			
	DRIVER'S LICENSE NUMBER:		STATE	IF SPOUSE, DATE OF MARRIAGE
	ANY RESTRICTION ON LICENSE? (Not applicable in WI) <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 OR DATE OF PERMIT
	ADDRESS NUMBER AND STREET		CITY	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.)**

<b>Has driver:</b>	YES	NO	
(a) Had any auto insurance refused, cancelled or expired in the past 5 years? (3 years—MD & 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	<input type="checkbox"/>	<input type="checkbox"/>	(e) Ever been arrested for ANY reason? (Give date, place of arrest, conviction and penalty) .... <input type="checkbox"/>
<b>In Ohio only if cancelled for</b> (1) Material Misrepresentation of app or claim ... <input type="checkbox"/> (2) Suspension of operator's license ... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed ... <input type="checkbox"/>
(b) Been required to file evidence of financial responsibility in the past 5 years? (3 years—DC, MD & PA) (Give date and reason) ... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Had any Comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years? (3 years—DC, MD & PA)? (Describe) ... <input type="checkbox"/>
(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (3 years—DC, MD & PA) (Give date and reason) ... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(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 & PA)? List driver(s) and describe all incidents, regardless of who was at fault, under No. 5 below. .... <input type="checkbox"/>
(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 & PA) (If "Yes," give date and description of violation(s). If speeding, include your actual speed and the speed limit.) ... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) <b>FOR MD APPLICANTS:</b> Refused to submit to a chemical test or been given probation before judgment for an alcohol or other vehicle code related violation in the past 3 years? ... <input type="checkbox"/> <b>(NOTE FOR DC APPLICANTS:</b> Question 4(a) not applicable.) <b>(NOTE FOR WI APPLICANTS:</b> Question 4(f) not applicable.)

5. Accident Date	COMPLETE DESCRIPTION OF ACCIDENT—INCLUDING DOLLAR DAMAGE AND WHO PAID (If necessary, attach additional sheet)

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. Date(s) of Loss ..... Reason(s) .....	10. INSURANCE RECORD: Name of company which last carried your auto insurance ..... Other company policy no. .... Are you going to continue coverage with that company? If "Yes," list Year, Make & VIN of car ..... Were you ever insured with "ERIE"? ..... When? ..... If "Yes," give name in which policy was written (if different) ..... "ERIE" Policy No. .... Do you reside with the Named Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," do you reside with any other "ERIE" Policyholder?..... If "Yes," give name, relationship and Policy No. ....
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). Agent's Signature .....	AGENT: How long have you known Additional Driver? ..... Do you consider this an acceptable risk? .....

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>
NY APPLICANT(S) PLEASE READ	<b>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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</b>
OHIO APPLICANT(S) PLEASE READ	<b>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.</b>
PA APPLICANT(S) PLEASE READ	<b>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.</b>
TN & VA APPLICANT(S) PLEASE READ	<b>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.</b>
OTHER APPLICANT(S) PLEASE READ	<b>Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.</b>
ADDITIONAL DRIVER SIGNATURE	I certify that I have given true and complete answers to the questions in this questionnaire. ..... Date .....