



Trinity Life Insurance Company

ADMINISTRATIVE OFFICE: PO BOX 5205 • FRANKFORT, KY 40602-5205
Phone: (866) 440-1357 • Fax: (502) 227-7205

FIELD UNDERWRITING QUESTIONNAIRE- DRIVING

Use if applicant has received 4 or more citations for traffic violations within the past 3 years.

Proposed Insured Information:

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Birth:
Height:	Weight:	Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Face Amount:	Plan:

1. When was most recent moving violation: _____

2. List all moving violations for last 5 years:

Month _____ Year _____ Describe Infraction _____

Month _____ Year _____ Describe Infraction _____

Month _____ Year _____ Describe Infraction _____

Month _____ Year _____ Describe Infraction _____

Month _____ Year _____ Describe Infraction _____

3. Do you have a current valid driver's license? Yes No State _____ Expiration Date _____

4. Date of last accident (if any)? _____

5. Have you ever been convicted of driving under the influence of alcohol or drugs? Yes No

Month _____ Year _____ Describe Infraction _____

Month _____ Year _____ Describe Infraction _____

Month _____ Year _____ Describe Infraction _____

6. Are you currently, or have you ever been treated for alcohol or substance abuse? Yes No If yes, details:

7. What is your occupation? _____

8. What is your marital status? Married Single Divorced

9. Please list the last date(s) life insurance was applied for and the result:

Company: _____ Date Applied: _____ Result: Standard Declined Postponed Rated

Company: _____ Date Applied: _____ Result: Standard Declined Postponed Rated

Company: _____ Date Applied: _____ Result: Standard Declined Postponed Rated

Notes:

Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Completion of this form does not constitute a contract and is for company use only.