

**Driver Information**

Driver Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Student \_\_\_\_\_ If yes, does he or she have a "B" average or better? \_\_\_\_\_

Is this driver at school over 100 miles without a vehicle? \_\_\_\_\_

If yes, with whom? \_\_\_\_\_

Has your driver's license been suspended/revoked? Please describe. \_\_\_\_\_

Do you have a physical/mental impairment? Please describe. \_\_\_\_\_

Are you a member in military service? \_\_\_\_\_

Has your coverage been declined, cancelled, or non-renewed during the last 3 years? Please describe.

Any financial responsibility filing (SR-22)? (driver number and date filing) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***In order to provide quotations, we must run clue, credit and motor vehicle reports. Please confirm that we have your permission to run these reports, otherwise, we cannot provide you with a quotation.***

Full Name: \_\_\_\_\_

**PLEASE FAX THIS APPLICATION BACK TO BRUNSWICK COMPANIES - 330-864-8661**