



**Allied  
Insurance**

a member of Nationwide Insurance

- Central States Regional Office, 7760 Office Plz. Dr. S., Dept. 0803, Des Moines, IA 50391-0803
- Des Moines Regional Office, 7600 Office Plz. Dr. S., Dept. 5501, Des Moines, IA 50391-5501
- Lincoln Regional Office, P.O. Box 80758, Lincoln, NE 68501-0758
- Rocky Mountain Regional Office, P.O. Box 5190, Denver, CO 80217-5190
- Pacific Coast Regional Office, P.O. Box 849, Santa Rosa, CA 95402-0849
- Lincoln Personal Lines Processing Center, P.O. Box 82516, Lincoln, NE 68501-2516

### Youthful Driver Questionnaire

Name of Insured \_\_\_\_\_

Application       Policy No. \_\_\_\_\_

#### TO BE COMPLETED BY THE YOUTHFUL DRIVER IN OWN HANDWRITING

1. Name of young driver \_\_\_\_\_  
Date of birth \_\_\_\_\_
2. (a) Do you reside with your parents? \_\_\_\_\_  
If not, where? \_\_\_\_\_  
(b) Ages of your brothers \_\_\_\_\_ and sisters \_\_\_\_\_  
\_\_\_\_\_ who reside with your parents?
3. What school do you or will you attend? \_\_\_\_\_  
Where? \_\_\_\_\_  
Circle Highest                      Grade Average  
grade completed:                      (Use A, B, C, D, F Scale)  
7 8 9 Junior High \_\_\_\_\_  
10 11 12 High School \_\_\_\_\_  
1 2 3 4 College \_\_\_\_\_
4. Have you ever been expelled, suspended, or placed on probation  
by any school? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
5. Describe your use of (a) Alcoholic Beverages \_\_\_\_\_  
(b) Drugs \_\_\_\_\_
6. Name of employer, if any \_\_\_\_\_  
Describe occupational duties \_\_\_\_\_
7. How many days per week will you drive (a) for pleasure? \_\_\_\_\_  
(b) to school or work? \_\_\_\_\_ which car? \_\_\_\_\_  
What percent of weekly mileage will you drive this car? \_\_\_\_\_  
Distance to work or school (one way) \_\_\_\_\_
8. Describe limitations, if any, imposed on your driving by your  
parents \_\_\_\_\_
9. Are you aware that loaning your car to others who are not members  
of your family may jeopardize your insurance? \_\_\_\_\_
10. Have you ever had auto insurance declined or cancelled? \_\_\_\_\_
11. Driver's license number \_\_\_\_\_
12. Has your driver's license ever been suspended or revoked? \_\_\_\_\_
13. Have you ever been convicted of or paid a fine for a violation of  
any traffic law (other than parking)? \_\_\_\_\_  
Give dates and details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been involved in an accident (as a driver)? \_\_\_\_\_  
Give dates and details \_\_\_\_\_  
\_\_\_\_\_
15. How long have you been driving automobiles? \_\_\_\_\_
16. Have you taken a driver training course in high school? \_\_\_\_\_  
(Attach a certificate for credit if course included a minimum of 30  
hours classroom and 6 hours of actual driving experience.)
17. Have you ever been arrested or detained for any reason other  
than a traffic violation? \_\_\_\_\_  
If yes, give dates and details. \_\_\_\_\_  
\_\_\_\_\_
18. Do you own an automobile? \_\_\_\_\_ Have you contributed  
toward the purchase of any car in the household? \_\_\_\_\_  
If either answer is yes, which car? \_\_\_\_\_  
\_\_\_\_\_
19. Is the automobile you operate equipped with any of the following?  
 Special or modified carburetor       Tachometer  
 Headers or special mufflers       Mag or chrome wheels  
 4-Speed manual shift       Stereo tape player  
 Altered body height (raised or lowered)  
 Custom or special paint job - Describe \_\_\_\_\_  
\_\_\_\_\_  
Describe any other alterations or special equipment \_\_\_\_\_  
\_\_\_\_\_  
 None of the above apply
20. Rear wheel tire size of the car you operate \_\_\_\_\_
21. Engine size of the car you operate: cu. in. \_\_\_\_\_  
horsepower \_\_\_\_\_
22. Is a car furnished by an employer for either parent's use? \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Young Driver \_\_\_\_\_

**MUST BE COMPLETED BY THE AGENT**

1. Make and year of all cars in household \_\_\_\_\_  
(including any car furnished by an employer)

Date Purchased \_\_\_\_\_

4. Describe driving habits \_\_\_\_\_  
\_\_\_\_\_

5. Have you seen and interviewed the young driver personally?\* \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_

6. Have you personally inspected the car?\* \_\_\_\_\_

2. How many drivers in the household? \_\_\_\_\_

3. What other insurance does Allied carry presently for the applicant  
and immediate family? (Give policy numbers) \_\_\_\_\_

7. Agent's recommendation \_\_\_\_\_

\*Required if young driver is owner or principal operator.

Date \_\_\_\_\_ Signature of Young Driver \_\_\_\_\_

Nationwide Mutual Insurance Company  
AMCO Insurance Company  
Allied Property & Casualty Ins. Co.  
Depositors Insurance Company