United Underwriters Inc.

DUI/DWI Questionnaire

Agent Name: _____ Phone #:_____ E-mail:_____

Client Name: _____ Date of Birth: _____ Sex: Male / Female

Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____

Type of Insurance: ___ Universal Life ___ Whole Life ___ Survivorship ___ Term (# of years _____)

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1. Which motor vehicle related incidents have you had in the past 10 years? Include all information:

	Date of Arrest	Date of Conviction	Date of License Suspension/Revocation	Date of License Reinstatement
MOVING VIOLATION				
Details: including any dismissal or court ordered requirements				
RECKLESS DRIVING				
Details: including any dismissal or court ordered requirements				
DWI / DUI				
Details: including any dismissal or court ordered requirements				
LICENSE SUSPENSION OR REVOCATION				
Details: including any dismissal or court ordered requirements				

2. Date of last alcohol use: _____
   Any relapses from previous attempts to stop drinking? ___ Yes ___ No

3. Have you ever been advised by a doctor to stop or decrease your alcohol use? ___ Yes ___ No

4. Have you attended any alcohol treatment programs? ___ Yes ___ No
   If yes, provide name and type (in-patient or out-patient): _____

5. Do you attend AA? ___ Yes ___ No

6. Probation Start Date: _____ Probation End Date: _____

7. Have you had a breathing device on your vehicle? ___ Yes ___ No
   If yes, date of insertion: _____ Date of removal: _____

8. Any history of drug convictions? ___ Yes ___ No If yes, provide details:
   _____
   _____

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