



## Motor Vehicle/DUI

*Please answer all questions applicable to the client's medical history.*

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Is the client currently employed  Yes  No If yes, occupation \_\_\_\_\_

Any DUI/DWI violations  Yes  No

If yes, provide date(s) \_\_\_\_\_

If yes, penalty imposed (e.g. jail, probation, fines, mandated classes, license suspension, etc.) \_\_\_\_\_

If jail, length of jail time and release date \_\_\_\_\_

Is the client currently on probation  Yes  No If yes, when will probation end \_\_\_\_\_

Is the client's driver's license currently valid  Yes  No

Has the client ever had a history of alcohol abuse or ever been advised by a physician or other person to cut back or abstain from drinking?

Yes  No If yes, provide full details below (e.g. how often and how much he or she was drinking, any inpatient or outpatient treatment with dates, attending AA, etc.)

Does the client currently use alcohol  Yes  No If yes, how much per sitting and how often

Any history of recreational drug use  Yes  No If yes, provide details (e.g. type of drug(s) used, date of last use, etc.)

In the last 5 years has the client had any speeding ticket(s)  Yes  No If yes, provide date(s) and indicate how many MPH over the limit for each incident \_\_\_\_\_

If applicable, list any other motor vehicle violations with dates in the last 5 years \_\_\_\_\_

Has the client's driver's license ever been suspended  Yes  No If yes, provide reason(s), date of suspension, and date of restoration  
If currently suspended, when will it be restored \_\_\_\_\_

### Questions?

**Please call your McGill Brokerage Marketing Team at 800-279-0751.**