



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**INDIVIDUAL NAMED OPERATOR DISCOVERY QUESTIONNAIRE**  
**THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER**

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

General Information

1. Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_

Any operator that will be employed or contracted by the Applicant, who is furnished with any vehicle and/or equipment owned or furnished by the Applicant for use directly associated with the business use of said insured vehicles and/or equipment, must be named and approved in the coverage contract issued. To approve a named operator, that individual must have an acceptable driving record, also a recent employment physical exam or medical evaluation. Personal use of any vehicle, including driving to and from work, is specifically excluded.

NOTE: Please photocopy as necessary. Complete one for each driver/operator.

1. Operator's Name: \_\_\_\_\_
2. Operator's Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. How long at this address? \_\_\_\_\_ If less than 2 years, please note last address where the operator resided for at least 2 years.
4. Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_  
 If less than 2 years licensed to drive in the state you will be employed, please provide a list of states where you have had a license in the past 5 years, and Name in which license was issued.
5. Number of years experience with equipment to be operated: \_\_\_\_\_
6. Note two most recent prior employers:
  - a. Years employed \_\_\_\_\_ Phone \_\_\_\_\_ Person to contact: \_\_\_\_\_
  - b. Years employed \_\_\_\_\_ Phone \_\_\_\_\_ Person to contact: \_\_\_\_\_
7. Identify and explain any prior accidents or claims operator has been involved in. Give employer and year accident occurred. Provide claims settlement made, if known. \_\_\_\_\_
8. Has driver's license ever been suspended or revoked in the past 5 years, in any state?  Yes  No  
 If yes, identify state and reason for action: \_\_\_\_\_
9. Have you been issued a moving violation in the past five years?  Yes  No  
 If yes, please list dates and type of violation charged: \_\_\_\_\_

I declare this information to be accurate and agree and understand that the information contained in this questionnaire may be confirmed by any reasonable means chosen by the Association and its insurer in behalf of any employer or contracted representative. By signature below I attest to the answers noted and understand, agree and accept the terms and provisions of insurance coverage provided to the employer as noted above.

Dated: \_\_\_\_\_

Named Operator: \_\_\_\_\_  
Signature Print Name