



Name of Ministry: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

## Ministry Driver Screening

Driver's name (as shown on license): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Driver's license state and number: \_\_\_\_\_

Is this a commercial driver license?  Yes  No

Which vehicle will you be driving? Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Are you the primary driver?  Yes  No

Primary driver = You drive the vehicle more than once per month or more than 12 times per year.

### In the past three years:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you been at fault for any accidents?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you had any moving traffic violations?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you had any insurance company cancel or refuse to provide you with auto insurance?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you had your driver's license revoked, suspended, or restricted?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you had any physical impairments other than corrective glasses?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any question(s) 1-6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Note:** Brotherhood Mutual Insurance Company encourages ministries to adopt a driver selection process by requiring them to name one primary driver per vehicle for commercial auto policies. Use this form as a tool for collecting the information required to complete the *supplemental application form: Commercial Vehicle Driver Information (A 98)*. Complete information for primary drivers will be required to process an application for commercial vehicle coverage.