THUM INSURANCE™

Thum Insurance Agency, LLC
Additional Operator Insurance Questionnaire

Insurance Policy Number: _____ Add Driver Date: _____

Driver's Name: _____

Check one: ☐ Owner ☐ Employee ☐ Volunteer ☐ Board Member

Does your position require you to regularly drive Organization vehicles? ☐ Yes ☐ No

Does your position require you to transport participants in the Organization vehicle? ☐ Yes ☐ No

Driver's license number: _____

Driver's license State: _____ Date of Birth: _____

Marital Status: _____

Have you been a licensed driver for at least three years? ☐ Yes ☐ No

Have you had more than three moving violations or accidents in the past 3 years? ☐ Yes ☐ No

Have you had a DUI in the past 5 years? ☐ Yes ☐ No

Have you caused an accident that resulted in the death of any person in the past 5 years? ☐ Yes ☐ No

The information given above is true and correct to the best of my knowledge. I understand that the Insurance carrier will obtain a Motor Vehicle Report verifying the above information.

Driver's Signature:_____ Date:_____

Please attach a readable photocopy of your driver's license
Email this form to info@thuminsurance.com or fax to 616-957-1204

Print Form