GREAT AMERICAN®
INSURANCE COMPANIES

INEXPERIENCED OPERATOR QUESTIONNAIRE

INSURED NAME	POLICY NUMBER	POLICY PERIOD

1. INEXPERIENCED DRIVER'S NAME	2. DATE OF BIRTH / /	3. DO YOU RESIDE WITH YOUR PARENTS YEAR ROUND? IF NO. GIVE ADDRESS AND EXPLAIN FULLY UNDER "REMARKS" ☐ YES ☐ NO
4. WHAT SCHOOL DO YOU OR WILL YOU ATTEND?		5. LOCATION OF SCHOOL
6. IF OUT OF TOWN, DO YOU HAVE A CAR AT SCHOOL? ☐ YES ☐ NO		7. WHICH CAR DO YOU USUALLY DRIVE?
8. IF NOT IN SCHOOL, ARE YOU WORKING? ☐ YES ☐ NO		9. IF YES, NAME OF EMPLOYER
10. HOW MANY DAYS A WEEK WILL YOU DRIVE TO SCHOOL OR WORK?		

EXPLAIN ALL "YES" ANSWERS IN "REMARKS

HAVE YOU EVER RECEIVED A TICKET OR A WARNING FOR A TRAFFIC LAW VIOLATION?
☐ YES ☐ NO

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT (AS A DRIVER)?
☐ YES ☐ NO

REMARKS:

SIGNATURE OF INEXPERIENCED DRIVER OR AGENT	DATE:

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