



NON-DRIVER QUESTIONNAIRE #3

DIARY

For underwriting purposes, ERIE may require a Non-Driver Questionnaire for any licensed resident of the household. This form does not change coverage under the policy.

WARNING: Failure to complete and return the Non-Driver Questionnaire may cause rescission or termination of the policy.

1. AGENT'S NO.	AGENT'S NAME	NAMED INSURED'S POLICY NO.	NON-DRIVER HOME PHONE NO. ()
2. NAMED INSURED (LAST NAME)	(FIRST NAME)	RELATIONSHIP TO NON-DRIVER	

NON-DRIVER INFORMATION	3. LIST NAME EXACTLY AS IT APPEARS ON DRIVER'S LICENSE: <input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MS				
	LAST NAME	FIRST NAME	MIDDLE INITIAL	(MAIDEN NAME, IF APPLICABLE)	
	DRIVER'S LICENSE NUMBER:	STATE	SOCIAL SECURITY NUMBER:		
	ANY RESTRICTION ON LICENSE? (Not applicable in WI) <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," LIST RESTRICTION CODE AND EXPLAIN IN ITEM 9	DATE OF BIRTH	DATE FIRST LICENSED OR DATE OF PERMIT	MARITAL STATUS	% OF USE CAR #
	ADDRESS NUMBER AND STREET	CITY COUNTY	STATE	ZIP CODE	
	HOW LONG AT PRESENT ADDRESS? IF LESS THAN THREE YEARS, GIVE PREVIOUS ADDRESS OF A TWO-YEAR DURATION (NOT MILITARY)				
OCCUPATION	EMPLOYER AND ADDRESS				

4. WARNING: An incorrect answer, intentional or not, to any question below may cause rescission or termination of the policy. If the answers to any of the following are "Yes," give requested details below. (Attach additional sheet if necessary.)

Has any driver or member of the household: YES NO

(a) Had any auto insurance refused, cancelled or expired in past 5 years (3 years—MD & PA) or been excluded or restricted on a policy in past 5 years (3 years—MD & PA)?
In either case, give name of Company, Policy No., date, and reason if known. (Not applicable in DC)

In OHIO (a) Has any driver had any auto insurance refused, cancelled or expired in past 5 years for: (Give name of company, date and details)

(i) Material misrepresentation in application or submission of claims

(ii) Suspension, revocation or expiration of operator's license of named insured or principal operator

(b) Been required to file evidence of financial responsibility in past 5 years? (3 years—DC, MD & PA) (Give date and reason)

(c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (3 years—DC, MD & PA) (Give date and reason)

(d) Received a ticket for speeding, PJC (NC only), or any other vehicle code violation within the past 5 years? (3 years—DC, MD & PA) (If "Yes," give date and description of violation(s). If speeding, include your actual speed and the speed limit.)

(e) Ever been arrested for ANY reason? (Give date, place of arrest, conviction and penalty)

Has any driver or member of the household of driving age:

(f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed. (Not applicable in WI)

Has any driver or member of the household:

(g) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in past 5 years? (3 years—DC, MD & PA) (Describe)

(h) While driving a motor vehicle, been involved in an accident or reported a claim to an insurance company during past 5 years? (3 years—DC, MD & PA) List driver(s) and describe all incidents below, regardless of who was at fault.

NOTE FOR MD APPLICANTS: Also ask the following:

(i) Has any driver refused to submit to a chemical test or been given probation before judgment for an alcohol or other vehicle code related violation in the past 3 years?

5. Accident Date	COMPLETE DESCRIPTION OF ACCIDENT—INCLUDING DOLLAR DAMAGE AND WHO PAID (If necessary, attach additional sheet)

6. In addition to the driver listed above, are there any other non-drivers? Yes No If "Yes," complete a Non-Driver Questionnaire for each.

MVR CLUE

7. INSURANCE RECORD

— Name of company which last carried your auto insurance: Policy No.
— Are you going to continue coverage with that company? If "yes," list Year, Make & VIN of auto:
— Were you ever insured with "ERIE?" when "ERIE" Policy No.
Name in which policy was written (if different)
— Do you reside with the Named Insured? Yes No If "No," do you reside with any "ERIE" Policyholder? Yes No If "Yes," give name and relationship and Policy No.:

8. OTHER PERTINENT INFORMATION

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AGENT: How long have you known Non-Driver?
Do you consider this non-driver a good risk?
Agent's Signature Date

DC APPLICANT(S) PLEASE READ	WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.
NY APPLICANT(S) PLEASE READ	ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.
OH APPLICANT(S) PLEASE READ	ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
PA APPLICANT(S) PLEASE READ	ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.
TN & VA APPLICANT(S) PLEASE READ	IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.
OTHER APPLICANT(S) PLEASE READ	ANY PERSON WHO KNOWINGLY FILES AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL PENALTIES.
NON-DRIVER SIGNATURE	I certify that I have given true and complete answers to the questions in this application. Date