



Name of Ministry: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Ministry Driver Screening

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

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

Social Security number: \_\_\_\_\_  
(Please provide your SSN only if you've given your ministry leader permission to purchase a copy of your driving records.)

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?  Yes  No
- 2. Have you had any moving traffic violations?  Yes  No
- 3. Have you had any insurance company cancel or refuse to provide you with auto insurance?  Yes  No
- 4. Have you had your drivers license revoked, suspended, or restricted?  Yes  No
- 5. Have you had any physical impairments other than corrective glasses?  Yes  No
- 6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"?  Yes  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.