



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 melissa@thuminsurance.com or fax to 616-957-1204**