

DRIVER SELF-APPRAISAL FORM

Name of Insured _____ Policy Number _____

Driver information:

1. Name _____

2. Address _____

3. Date of birth _____ Driver's license number _____ State _____

4. Approximate number of miles you drive each year _____

5. Have you been convicted of any moving violations during the past three years?
 Yes No If yes, give dates and details. _____

6. Have you been involved, as a driver, in an auto accident during the past three years?
 Yes No If yes, give details and amount of loss. _____

7. In the last five years, has your driver's license ever been suspended or revoked?
 Yes No If yes, give dates and details. _____

This information may be used to obtain traffic violation reports.

I understand that by signing this form I am giving The University of Arkansas and/or The University of Arkansas' insurance company permission to obtain my MVR.

I also understand that this release shall remain in force as long as I am an employee of The University of Arkansas.

Signature of driver _____ Date _____