



Lightwell Insurance Advisors
 7165 East University Dr Ste 129
 Mesa, AZ 85207-6410
 OFFICE (480) 834-8139
 FAX (480) 844-2166

Name of Ministry: Tempe Church of the Nazarene, Inc.
 Address: 3929 S Rural Rd

 City, State, Zip: Tempe, AZ 85282-5557
 Policy Number: 02ALA0488352

Ministry Driver Screening

Driver's Name (as shown on license): _____

Date of Birth: _____

Driver's License State and Number: _____

Is this a commercial driver license? Yes No

Indicate if driver is: Occasional
 Primary: A primary driver would be anyone who drives four or more times a month.
 At least 21 years of age

Driving History (must be completed):

If you answer any question(s) 1-6 with "yes", please provide full details below: Please include dates, descriptions, amounts, or other explanation:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you been at fault for any accidents in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you had any moving traffic violations in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you had any insurance company cancel or refuse to provide you with auto insurance in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you had your driver's license revoked, suspended, or restricted in the past 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you had any physical impairments other than corrective glasses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I understand that as an employee or volunteer, when I drive my personal vehicle on ministry business or for a ministry activity, my personal auto insurance will be primary to that carried by the organization.

Signed

Date