[ ]  **National Casualty Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

Scottsdale, Arizona 85258

[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  Scottsdale Indemnity Company

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**YOUTHFUL DRIVER SUPPLEMENT**

|  |  |
| --- | --- |
| **INSURED’S NAME**      | **POLICY NUMBER**      |
| THIS SECTION IS TO BE COMPLETED BY THE YOUNG DRIVER IN HIS/HER OWN HANDWRITING |
| **NAME OF YOUNG DRIVER** | **DATE OF BIRTH (MM/DD/YYYY)** | **DRIVER’S LICENSE NUMBER** |
| **DO YOU RESIDE WITH YOUR PARENTS IN A SINGLE OR DUAL HOUSEHOLD?**[ ]  **SINGLE** [ ]  **DUAL** | **IF YOU DO NOT RESIDE WITH YOUR PARENTS, WHERE DO YOU LIVE?** |
| **DO YOU ATTEND SCHOOL?**[ ]  **YES** [ ]  **NO** | **NAME AND ADDRESS OF SCHOOL** | **HIGHEST GRADE COMPLETED** |
| **HIGH SCHOOL GRADE AVERAGE** | **COLLEGE GRADE AVERAGE** | **LIST ANY SCHOOL/COMMUNITY ACTIVITIES** | **LIST ANY HONORS FOR SCHOLASTIC OR OTHER ACHIEVEMENTS** |
| **HAVE YOU EVER BEEN EXPELLED, SUSPENDED, OR PLACED ON PROBATION BY ANY SCHOOL? IF YES, EXPLAIN.****[ ]  YES** **[ ]  NO** | **HOW MANY DAYS A WEEK DO YOU DRIVE TO SCHOOL?** | **DISTANCE TO SCHOOL ONE WAY** |
| **NAME AND ADDRESS OF EMPLOYER, IF ANY** | **DESCRIBE OCCUPATIONAL DUTIES** | **HOW MANY DAYS A WEEK DO YOU DRIVE TO WORK?** | **DISTANCE TO WORK ONE WAY?** |
| **WHICH CAR DO YOU DRIVE TO SCHOOL/WORK? (YEAR/MODEL)** | **DO YOU OWN OR HAVE YOU CONTRIBUTED TO THE PURCHASE OF ANY AUTO IN THE HOUSEHOLD? IF YES, EXPLAIN.****[ ]  YES** **[ ]  NO** | **HOW LONG HAVE YOU BEEN DRIVING AUTOMOBILES?** |
| **HAVE YOU TAKEN AN ACCREDITED DRIVER TRAINING COURSE? IF YES, ATTACH CERTIFICATE.****[ ]  YES** **[ ]  NO** | **DESCRIBE YOUR USE OF ALCOHOLIC BEVERAGES AND DRUGS** |
| IF ANY “YES” RESPONSES, PROVIDE A COMPLETE EXPLANATION |
|  | YES NO |
| 1. DO YOU HAVE ANY DRIVING LIMITATIONS IMPOSED BY YOUR PARENTS? | [ ]  [ ]  |
| 2. DO YOU ALLOW OTHERS TO USE YOUR CAR? (WHO AND WHY) | [ ]  [ ]  |
| 3. HAS YOUR DRIVER’S LICENSE OR PERMIT EVER BEEN REVOKED OR SUSPENDED? | [ ]  [ ]  |
| 4. HAVE YOU EVER RECEIVED A TICKET, CITATION, OR WARNING FOR ANY TRAFFIC VIOLATION OTHER THAN PARKING?(GIVE DATES AND DETAILS) | [ ]  [ ]  |
| 5. HAVE YOU EVER BEEN IN AN ACCIDENT AS A DRIVER? (GIVE DATES AND DETAILS) | [ ]  [ ]  |
| 6. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY REASON, OTHER THAN A TRAFFIC VIOLATION? (GIVE DATES AND DETAILS) | [ ]  [ ]  |
| 7.IS THE AUTO YOU OPERATE MODIFIED OR EQUIPPED WITH ANY SPECIAL EQUIPMENT, HAVE MODIFIED BODYWORK, OR SPECIAL PAINT? | [ ]  [ ]  |
| 8.HAVE YOU EVER HAD AUTO INSURANCE DECLINED OR CANCELLED? (GIVE DATES AND DETAILS) (NOT APPLICABLE IN MISSOURI) | [ ]  [ ]  |
| APPLICANT’S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (Kansas: This does not constitute a warranty.) |
| **YOUNG DRIVER’S SIGNATURE** | **DATE (MM/DD/YY)** | **AGENT’S SIGNATURE** | **AGENT’S NUMBER** |
| AGENT’S COMMENTS |
|       |

**Refer to the application form for state fraud warnings.**

APPLICANT’S NAME/TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an authorized representative, owner, partner or executive officer)

PRODUCER’S NAME:       DATE: