



DRIVING HISTORY SUPPLEMENT

Instructions:

Please complete sections 1 thru 4.

If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 or visit our website at 🌐 www.prcua.org.

1. INSURED/ANNUITANT INFORMATION

NAME	CERTIFICATE NUMBER
DRIVER'S LICENSE NUMBER	DATE OF BIRTH (MM/DD/YYYY)

2. DRIVING HISTORY

1. Within the past 3 years, have you had any of the following moving violations?

	Date(s) of Infraction(s)	Number of Infractions
<input type="checkbox"/> Speeding Infractions	_____	_____
<input type="checkbox"/> Traffic Signal Offenses	_____	_____
<input type="checkbox"/> Other (state type) _____	_____	_____

2. Within the past 5 years have you been convicted of any of the following?

	Date(s) of Infraction(s)	Number of Infractions
<input type="checkbox"/> Driving While Impaired	_____	_____
<input type="checkbox"/> Careless/Dangerous Driving	_____	_____
<input type="checkbox"/> Any Other Criminal Offense related to Driving _____	_____	_____

3. Have you ever had any motor vehicle accidents? (State injuries and who was at fault)

4. Has your license ever been Suspended? Yes No Revoked? Yes No

YEAR OF SUSPENSION/REVOCAION	LENGTH	Days	Months	Years

REASON FOR SUSPENSION/REVOCAION

5. Have you ever been convicted of driving with your license suspended? Yes No

DETAILS

2. DRIVING HISTORY

(continued from page 1)

6. Current status of your license?

NUMBER OF DEMERIT POINTS

IF SUSPENDED/REVOKED LICENSE, ANTICIPATION DATE OF REINSTATEMENT

The above answers, forming part of an application to the Polish Roman Catholic Union of America for insurance on my life are, to the best of my knowledge and belief, true and complete.

To assist the Polish Roman Catholic Union of America in considering my application, I hereby authorize the Motor Vehicle Department to provide a copy of my driving record information. A photocopy of this authorization is as valid as the original.

3. SIGNATURES

 _____
SIGNATURE OF ANNUITANT/APPLICANT/OWNER

 _____
SIGNATURE OF WITNESS

DATE OF ANNUITANT/APPLICANT/OWNER SIGNATURE (MM/DD/YYYY)

DATE OF WITNESS SIGNATURE (MM/DD/YYYY)

4. ADDITIONAL INFORMATION

Please mail all pages of this completed form to:

NEW BUSINESS DEPARTMENT
POLISH ROMAN CATHOLIC UNION OF AMERICA
984 N MILWAUKEE AVE
CHICAGO, IL 60642-4101

INTERNAL OFFICE USE ONLY

PROCESSED BY: (PLACE DEPARTMENT RECEIVED STAMP BELOW)

PERSONNEL

DATE