GREAT AMERICAN INSURANCE GROUP

DRIVER HEALTH QUESTIONNAIRE

GAI SUPPLEMENT TO ACORD 127, 128 OR 132

PLEASE HAVE THIS COMPLETED BY ALL DRIVERS AGE OF 75 AND OLDER

INSURED NAME	POLICY NUMBER	POLICY PERIOD

DRIVER INFORMATION

1. YOUR NAME _____
2. DATE OF BIRTH _____
3. HOW LONG HAVE YOU BEEN DRIVING? _____
4. DATE OF LAST LICENSE EXAMINATION _____
5. LIST ALL MOVING TRAFFIC VIOLATIONS AND ACCIDENTS DURING THE PAST THREE YEARS

_____

_____

6. DO YOU HAVE A RESTRICTED LICENSE, OTHER THAN CORRECTIVE LENSES? ☐ YES ☐ NO
   IF "YES" PLEASE DESCRIBE:

7. HAS THE AUTOMOBILE BEEN ALTERED TO COMPENSATE FOR ANY IMPAIRMENT? ☐ YES ☐ NO
   (HAND CONTROLS, GAS PEDAL MOVED, ETC.) IF "YES" PLEASE EXPLAIN:

8. DO YOU PRACTICE ANY SELF-IMPOSED RESTRICTIONS ON YOUR DRIVING? ☐ YES ☐ NO
   IF "YES" PLEASE DESCRIBE:

MEDICAL INFORMATION - PLEASE EXPLAIN ALL "YES" ANSWERS IN REMARKS SECTION

9. DO YOU OR ARE YOU BEING TREATED FOR ANY OF THE FOLLOWING? (CIRCLE ALL THAT APPLY)
   - A. DIZZY OR FAINTING SPELLS
   - B. DIABETES
   - C. EPILEPSY
   - D. HIGH BLOOD PRESSURE
   - E. HEART ATTACK OR STROKE
   - F. OTHER (PLEASE DESCRIBE) _____

10. HAVE YOU BEEN ADVISED BY A PHYSICIAN TO RESTRICT YOUR DRIVING ACTIVITIES? ☐ YES ☐ NO
11. ARE YOU TAKING MEDICATION, WHICH MIGHT AFFECT YOUR DRIVING? ☐ YES ☐ NO
12. DO YOU HAVE IMPAIRMENT OF EYESIGHT OR HEARING? ☐ YES ☐ NO
13. WHAT IS THE APPROXIMATE DATE OF YOUR LAST EYE EXAM? _____
14. WHAT WAS YOUR LAST ACUITY RATING? _____

REMARKS

SIGNATURE OF DRIVER _____ DATE _____

NOTE: THE INFORMATION BEING REQUESTED IS NEEDED TO PROPERLY UNDERWRITE THIS ACCOUNT AND WILL NOT BE USED FOR ANY OTHER PURPOSE.