



AMERICAN MODERN INSURANCE GROUP, INC.

DRIVER HEALTH STATEMENT

Driver's Name _____ Date of Birth _____ Policy Number _____

Height _____ Weight _____ Date of last physical exam. _____

1. Do you wear glasses or contact lenses? Yes No
What was date of last eye exam? _____
What is corrected vision left eye _____ right eye? _____

2. Do you have cataracts or any other eye impairment? Yes No
If yes, please explain in detail, giving recommended or completed treatment.

3. What is your current blood pressure? _____ / _____ Date _____
Have you ever been told you have high blood pressure? Yes No
If yes, is it controlled with medication? _____ Name of medication _____

4. Have you ever been treated for a heart condition? Yes No
If yes, please explain in detail giving dates of treatment, diagnosis and medication.

5. Have you ever had any dizzy or fainting spells, blackouts or seizures? Yes No
If yes, please explain in detail giving dates, diagnosis and medication.

6. Have you ever had a stroke? Yes No
If yes, when? _____
Describe any continuing effects. _____

7. Do you have diabetes? Yes No
If yes, how is it controlled? Diet Oral medicine Insulin Uncontrolled

8. How would you rate your hearing? Good Fair Poor
Do you wear a hearing aid? Yes No

9. Have you had any serious illness in the last 12 months? Yes No
If yes, please explain giving dates, diagnosis, medication and prognosis. _____

10. Do you take any prescribed medications?

Yes No

Medication name

Daily Dose

Reason/Condition

Medication name	Daily Dose	Reason/Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Do you have any physical or mental impairment that effects your ability to safely operate a motor vehicle?

Is your vehicle altered in any way to compensate for this impairment?_____

Insureds statement:

NOTICE:

Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing fraudulent or deceptive statement is guilty of insurance fraud.

I have read all parts of this health statement and verify that all statements contained herein are true and complete. I offer this statement as an inducement to the Company to issue or continue the insurance policy now in force or being applied for.

Signature of Driver

Date