



**OLD AMERICAN INDEMNITY  
COMPANY**

*Payment Plan Options Guide*

**Effective Date:  
February 23, 2024**

# Six-Month Policy Plan

The six-month policy plan is offered either as a pay-in-full or with installments.

1. For pay-in-full, remit full payment plus a \$25.00 fully earned expense constant with the application.
2. Installment plans:

| Billing Plans****   | Down Payment | Fully Earned Expense Constant | Number of Installments | Fully Earned Installment Fee | Electronic Payment Fee | 1 <sup>st</sup> Installment Due | Remaining Installments |
|---------------------|--------------|-------------------------------|------------------------|------------------------------|------------------------|---------------------------------|------------------------|
| 6-Month Direct Bill | 20%          | \$25                          | 5                      | \$7*                         | \$3                    | 25 days from inception          | Monthly                |
| 6-Month Direct Bill | 25%          | \$25                          | 5                      | \$7*                         | \$3                    | 1 month from inception          | Monthly                |
| 6-Month Direct Bill | 25%          | \$25                          | 4                      | \$7*                         | \$3                    | 1 month from inception          | Monthly                |

\* InsureScan MGA reserves the right to restrict, without notice, any of the above listed payment plans at the company's discretion.

The **6-Month Direct Bill Auto Pay Only** Plan requires a credit card or checking account for the establishment of recurring automatic withdrawals. Payments on any other billing plan can be made electronically via [www.insurescanmga.com](http://www.insurescanmga.com).

- (A) Remit or process the selected down payment of the gross premium, plus the corresponding fully earned expense constant with the application.
- (B) The insured will be direct billed the balance according to the selected billing plan.
- (C) If a policy is reinstated, a Reinstatement Fee of \$15.00 is applied.

## Six-Month Installment Procedures

1. Installment payment notices will be sent to the insured and the agent at least fifteen (15) days prior to the installment payment due date. Each installment notice will include a fully earned installment fee.
2. Individual payments submitted should have a separate check or money order attached to each payment notice. Online installment payments must be processed in the agency when received.

### There is no grace period!!!

3. Payments received in the agent's office after the expiration date must include the date and time the payment was received by the agent, provided the payment was acceptable. If the date and time the payment was received is not submitted, the policy may be reinstated on the date following the Post Office postmark on the envelope with a lapse in coverage unless prior approval is received from InsureScan MGA, LLC.

# Six-Month Policy Plan

*(Continued)*

4. Premium payments mailed directly by the insured to the InsureScan MGA, LLC. on expired policies may be reinstated on the date following the Post Office postmark on the envelope provided the payment is acceptable.
5. Policies expired over seven (7) days **must be rewritten**.
6. A \$10.00 Late Fee applies to all payments postmarked on, or after the Payment Due Date.

## **Endorsements**

1. Complete the Online Endorsement and submit all required support documentation or submit a completed endorsement request form with required support documentation for any changes to an existing policy.
2. Endorsement Amount to be Paid: Process endorsement online to get amount due for endorsement submitted.
3. Any endorsement processed by an InsureScan representative that cannot be completed online or by the agent incurs a fee of \$10.

## **Renewal Procedures**

1. A renewal payment notice will be sent to the insured and the agent at least thirty (30) days prior to the expiration of the policy and will include a fully earned expense constant according to the billing plan previously selected.
2. Individual renewal payments submitted should have a separate check or money order attached to each payment notice. Online renewal payments must be processed in the agency when received.

## **There is no grace period!!!**

3. Renewal payments that are received in the agent's office after the expiration date of the previous policy term must include the date and time the renewal payment was received by the agent, provided the payment was acceptable. If the date and time the renewal payment was received is not submitted, the policy will become effective on the date following the Post Office postmark on the envelope with a lapse in coverage unless prior approval is received from InsureScan MGA, LLC.
4. Renewal payments mailed directly by the insured to InsureScan MGA, LLC. on expired policies will become effective on the date following the Post Office postmark on the envelope provided the payment is acceptable.
5. Policies expired over seven (7) days **must be rewritten**.



**OLD AMERICAN INDEMNITY  
COMPANY**

**UNDERWRITING GUIDE**

**Effective Date:  
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# **InsureScan MGA, LLC.**

## **Directory**

|                            |
|----------------------------|
| <b>Underwriting Office</b> |
|----------------------------|

P. O. Box 3005  
Auburn, Alabama 36831

Office: (334) 466-8023  
Image Email: [images@insurescan.com](mailto:images@insurescan.com)

|                     |
|---------------------|
| <b>Claim Office</b> |
|---------------------|

Prioris Claims Management Solutions  
P. O. Box 647  
Battle Creek, MI 49016

FNOL/General Status Phone: 888.318.4440  
FNOL email: [newlossis@priorisclaims.com](mailto:newlossis@priorisclaims.com)

# **Underwriting Guide**

## **General Rules and Regulations**

1. All applications must be submitted on the InsureScan MGA authorized rating platforms and forms and must be completed in their entirety. All required documents must be uploaded directly to InsureScan's system or faxed/emailed to the underwriting fax/email address within seven (7) days or the policy will be subject to cancellation or premium increase.
2. The application becomes a part of the policy. Errors and Omissions may result in denial of coverage and the policy may be considered null and void.
3. A separate check must be attached to each application unless payment is electronically transmitted.
4. No flat cancellations will be allowed on any policies returned after the inception date. All cancellation requests must indicate reason for cancellation.
5. All Company request cancellations will be pro-rata. All insured request cancellations will be charged a \$30.00 cancellation fee.
6. An MVR is ordered on every risk. Please encourage the applicant to fully disclose his or her driving record to avoid the need for premium adjustments or cancellations.
7. When checks are returned for dishonored payment, a notice of cancellation will be issued. NSF checks received as a down payment will result in a flat cancellation of the policy. An NSF fee of \$30.00 will be charged on all NSF checks received.
8. Policy holder MUST reside in Alabama.

## **Binding Authority**

A risk may be bound, if it is not on our exclusion list, provided:

1. It is effective no earlier than the time and date that the application is signed by the applicant and the agent;
2. If mailed for processing by InsureScan MGA, the envelope containing the application is postmarked by the Post Office within two (2) working days of the effective date;
3. The application is completed correctly and indicates the coverages requested;
4. It involves a type of vehicle, coverage, and risk, for which a premium rate appears in this guide.

## **Incomplete Applications**

If an application is submitted and lacks the information necessary to write the risk(s), the company may return the application, and no coverage shall be afforded.

## Exclusions

1. No driver who has attained their eightieth (80) birthday will be accepted as new business.
2. Vehicles making regular and frequent trips beyond a 50-mile radius.
3. Trucks hauling gasoline, fuel oil, liquefied petroleum, gas, or explosives.
4. Taxicabs, public and private livery cars, emergency vehicles, racing vehicles, driver training cars, mail, newspaper, collection, or delivery vehicles.
5. All vehicles identified in the prohibited list.
6. Vehicles garaged away from the residence a substantial part of the time without prior approval.
7. Unlicensed drivers.
8. No drivers with MVR points in excess of 10.
9. Vehicles with dual rear axle or single axle with more than two wheels on the rear axle(s).
10. No pick-up trucks equipped with fifth wheel.
11. Military personnel stationed outside of Alabama.
12. Named Insured under the age of 18 years.
13. Towing and Labor coverage is not available for vehicles more than fifteen (15) years of age.
14. Policies with more than one (1) vehicles not assigned to a listed driver (ie. 1 driver and 3 vehicles is not acceptable; 1 driver and 2 vehicles is acceptable).
15. Any Truck or Van exceeding a Half-Ton description; ie. Ford F250 or E250 and higher, GM/GMC 2500 and higher, Ram 2500 and higher, Commercial or Heavy-duty cargo Vans or Trucks and any specialty bed vehicle and trucks.
16. Policies with more than five (5) drivers or five (5) vehicles are not acceptable.

**InsureScan MGA, LLC. reserves the right to refuse any risk for insurance if the risk is deemed unacceptable, even if not listed above. The policy will be assessed a 100% surcharge and will be set for cancellation or non-renewal.**



## **Payment Plan Options**

- Direct Bill Paid-in-Full Policy Plan
- Direct Bill Six-Month Policy Plan

See the Payment Options Guide for complete details on each pay plan.

## **Severe Weather Restrictions**

When the National Weather Service issues a hurricane, tornado, hail or other severe weather watch or warning or the weather system is within 100 miles of the risk, then the following will apply:

- ✓ New business requesting physical damage cannot be written or bound.
- ✓ No endorsements will be accepted that increase the risk to the company.
- ✓ Renewals can be accepted provided there is no endorsement increasing the risk to the company.
- ✓ No physical damage can be added to an existing policy and deductibles cannot be lowered.
- ✓ Normal binding authority will resume once the National Weather Service has lifted its watch/warning and there is no threat or forecast of an impending reoccurrence.
- ✓ Policies with pending cancellations can be cured. Policies already cancelled cannot be reinstated until after the writing restrictions are rescinded.

Notwithstanding the above, InsureScan MGA reserves the exclusive right to enforce writing restrictions due to Severe Weather Systems in accord with necessity dictated by the weather issues at that time.

## **Financial Responsibility Filings**

We will prepare and forward the SR-22 to the state of Alabama. SR-26's will be filed at expiration or cancellation. A policy requiring an SR-22 filing must be written for a 6-month term. A \$25 fee for each filing will be charged upon the initial request of the filing and upon each renewal until a request is submitted to remove the filing.

## **Named Non-Owner**

Not written.

## **Exclusion of Driver**

In order for the exclusion to be valid, the full name of the excluded driver(s) and their birth date(s) must be submitted. The endorsement must be signed and dated by the named insured. If there are two (2) named Policyholders, both must sign any and all Driver Exclusions. The exclusion is required on each person fifteen (15) years of age and older residing with the applicant if not rated as a driver of the vehicle(s).

## **Uninsured Motorist Coverage Rejection**

The insured will be charged for Uninsured Motorist coverage until the properly signed rejection is received. Rejection of the coverage(s) cannot be effective before the Post Office postmark date. If there are joint named insureds, each named insured must sign a rejection form. No person, including a joint named insured, can sign on behalf of the named insured.

# Rating Discounts

## 20% Multi-Vehicle Discount

A 20% multi-vehicle discount will be applied to BI, PD, CP, and CL coverages if two or more vehicles are registered to the named insured and covered on the same policy.

## 10% Transfer Discount

Renewals transferred to Old American Indemnity Company, Inc. will receive a transfer discount of 10% on liability (bodily injury and property damage) and on physical damage (comprehensive and collision), only if a copy of the expiring policy is attached to the application and is received prior to the expiration date of the expiring policy. Once the policy has been issued, no transfer credit will be allowed. The prior insurance policy must have been in effect with no chargeable accidents and no lapses in coverage for more than 7 days for the preceding 6 consecutive months prior to the effective date on the Old American Indemnity Company policy.

## 5%/10%/15% Renewal Discount

If a Transfer Discount was applied at inception of the policy, the policy will retain the 10% discount at its first renewal and earn an additional 5% discount at its second renewal, providing there are no chargeable accidents, and the discount will be labeled a Renewal Discount.

A Renewal Discount will be applied (if no Transfer Discount has been applied) to liability (bodily injury and property damage) and on physical damage (comprehensive and collision) upon the continuous renewal of each Six-Month Policy Term provided that the named insured and all named drivers have had no chargeable accidents during the previous 6 months for the Six-Month Policy Term.

The discount will be applied as follows:

|                                    |  |
|------------------------------------|--|
| Six-Month Policy Term:             |  |
| 1 <sup>st</sup> Six-Month Renewal: | 5% discount                              |
| 2 <sup>nd</sup> Six-Month Renewal: | 10% additional discount (maximum of 15%) |

## 5% Homeowner's Discount

A 5% homeowner's discount will be applied to BI, PD, CP, and CL coverages. A copy of the policyholder's homeowner declaration page or county property tax appraisal or record is required at point of sale.

## 5% Mature Driver Discount

A 5% discount will be applied to BI, PD, CP, and CL coverages if the insured driver is age 55 or older, and successfully completes an approved motor vehicle accident prevention course with certification. The discount shall remain in effect for three years from the date of completion provided the insured driver is not involved in an at fault accident or receives a moving violation conviction during the three-year period.

## 5% Paid-In-Full Discount

A 5% Paid-In-Full discount will apply to Six-Month Policy Plan new and renewal business provided the entire policy premium and all fees are paid in full, at policy inception or on or before the renewal due date. The 5% Paid-in-Full Discount will be applied to BI, PD, CP, and CL coverages. Premium financed policies and Monthly Policy Plan policies are not eligible for a Paid-In-Full Discount.

**Maximum Discount per policy is 35%**

## **Claim Guide**

It will be the practice of the company to provide prompt and fair service. To do this, two (2) requirements must be met.

1. In the event of any accident or loss, have the insured, or you as the producer, call the InsureScan Claims Department immediately.
2. No repairs or replacements are to be authorized without our approval. This is a violation of the policy and may result in the denial of the loss.

### **Risks Requiring Additional Documentation**

1. All persons with Epilepsy, Stroke, Heart Disease, Loss of Eye, Mental Illness and/or Cerebral Palsy must submit with the application a InsureScan MGA Medical Statement form (as provided as part of the Underwriting Guidelines) signed by a physician.
2. All persons with a loss of limb(s) must submit proof of compensatory vehicle modification. Proof is a written or typed statement signed by the insured.

## Physical Damage Rules

1. No physical damage coverage written without liability.
2. Comprehensive and collision must be written together.
3. Minimum \$500.00 deductible comprehensive and collision on all vehicles subject to 50% surcharge under Special Equipment.
4. Coverage not available for vehicles older than thirty (30) years of age.
5. No vehicles with an ISO symbol greater than 23 (for Model Years 2010 and prior) or greater than 53 (for Model Years 2011 and subsequent).
6. Cellular phones, CB radios and non-factory installed communications equipment are not covered.
7. Two clear, color photos of each vehicle must be provided for all vehicles written with physical damage coverage for both new business and when physical damage is added by endorsement. Photos must be taken by the agent at the time of application or endorsement.

## Rental Reimbursement Coverage

Rental reimbursement coverage cannot be written without comprehensive and collision coverage.

## Symbols

Refer to ISO Manual; use Vehicle Series Rating Symbol (generally 1st column).

## Special Equipment

Any non-factory installed equipment or item(s) listed below will not be covered unless additional physical damage premium is surcharged as follows:

| <b>25% Surcharge</b>   | <b>50% Surcharge</b>   |
|--|--|
| The maximum amount of additional coverage cannot exceed \$1,500.         |  |
| Special packages whose suggested retail price when new is \$500 or more. | Custom wheels and custom tires; limited to a \$1,000 maximum.  |
| Pickup bed covers, liners, camper shells, and tool boxes of any kind.    | Non-standard radio speakers, amplifiers and other sound reproducing equipment; limited to a \$1,000 maximum. |
| Special edition models.  | Custom paint; limited to a \$500 maximum.  |

Maximum surcharge applicable under special equipment is 50%, regardless of the number of items of equipment indicated. The surcharge is applied to the comprehensive and collision premium after the appropriate premium charge has been determined.

# Vehicle Type Factor

Vehicle types are defined as:

| Vehicle Type      | Code |
|-------------------|------|
| Coupe             | C    |
| Low Speed Vehicle | G    |
| Sedan             | S    |
| Truck             | T    |
| SUV               | U    |
| Van               | V    |
| Station Wagon     | W    |
| NOT ASSIGNED      | Z    |

## Point Schedule

Count all moving violations and chargeable accidents for the past three years. Use violation date(s) on driving record for violations. For multiple point charges arising out of one occurrence, use only the highest charge involved.

Do not combine points if there are two or more drivers.

| Accidents       | Points         |
|-----------------|----------------|
| 1 <sup>st</sup> | 4              |
| 2 <sup>nd</sup> | 5              |
| 3 <sup>rd</sup> | Not acceptable |

Any accident shall be considered chargeable unless proof is furnished that the applicant was not at-fault. This proof shall be established by a police report, written statement from the other party's insurer, or the applicant's previous insurer showing that the applicant was:

1. Fully reimbursed for all damages;
2. Legally parked when the accident occurred;
3. Lawfully stopped at a stop sign or traffic light when the vehicle was rear-ended;
4. Clearly not-at-fault.

# Violations

## MAJOR

| Violations | Points |
|------------|--------|
| 1st major  | 5      |
| 2nd major  | 6      |

- Driving under the influence of alcohol, drugs, or narcotics
- Attempting to elude Police
- Speed contest
- Hit and run
- Reckless driving (Includes without due regard, careless, improper, unsafe, and negligent operation of vehicle.)
- Aggravated Excessive Driving – Speeding > 25 mph over limit
- Felony involving use of a motor vehicle
- Negligent homicide
- Displaying altered driver’s license
- Unlawful use of driver’s license
- Driving while license is suspended or revoked
- Failure to yield to emergency vehicles or school bus
- Refusal of alcohol test (Implied Consent Law)

## MINOR

**PTS.**

- Open container, closed container, and other liquor violations not listed as Major 2
- Violating driver’s license restriction 2
- Driving with EXPIRED driver’s license 2
- No driver’s license or failure to display driver’s license 2
- No motor vehicle liability insurance 2
- Inexperienced Operator 2
- All other moving violations 1

## Special Rating

A policy on which a driver for whom an MVR cannot be obtained for whatever reason, or Exclusion Of Named Driver form is not submitted may be rated at six (6) points and will be cancelled. The policy may be reinstated and endorsed, provided we are furnished with a valid driver’s license number or a correctly completed Exclusion Of Named Driver form prior to the effective date of cancellation.

If we receive an MVR indicating the status of the driver’s license to be anything other than “CURRENT” a Notice Of Cancellation will be mailed.

Permanently stationed military personnel, with a military license only, are exempt from the above Special Rating.

All drivers with a valid driver’s license issued by a government outside the United States will be rated with nine (9) points. A copy of their valid driver’s license must be submitted along with the application.

# Prohibited Vehicles

## Physical Damage

All model year vehicles older than thirty (30) years are unacceptable. Also, any vehicles with an ISO symbol greater than 23 (for Model Years 2011 and prior) or greater than 53 (for Model Years 2012 and subsequent) are not acceptable.

Note: New Model Year is rated as Vehicle Age 1. Every year on October 1st, the age of the vehicle moves up by one (1) year.

| <b>Prohibited</b>  |
|--|
| The following vehicles are not acceptable for any coverages. |
| Acura NSX  |
| Chevrolet Corvette   |
| Dodge Viper  |
| Ferrari (All)  |
| Ford Mustang GT and 5.0L                                     |
| Lamborghini  |
| Lotus  |
| Maserati   |
| Nissan-All "Z" Series  |
| Porsche  |
| Tesla  |
| All Cars with Plastic, Aluminum, or Fiberglass Bodies        |
| Dune Buggies   |
| Flatbed Trucks   |
| Salvaged Vehicles*   |
| Kit Cars   |
| Motor Homes & Recreational Vehicles                          |

A surcharge of 100% is applicable to all coverages and vehicles listed under "Prohibited" vehicles when added by endorsement to an existing in-force policy.

\*InsureScan MGA reserves the right to accept or not accept.

## Driver Classification

| Age          | Single Male | Single Female | Married Male | Married Female |
|--------------|-------------|---------------|--------------|----------------|
| 18 and Under | SM18        | SF18          | MM18         | MF18           |

Class is defined as Gender (M=male, F=female) and appended to the age of the insured 30 days prior to policy inception.

**Business Use- Convert all classes except: MM18, MM19, MM21, MM23, MF18, MF19, MF21, SM18, SM19, SM21, SM23, SF18, SF19, SF21 or SF23 to Class 3.**

A surcharge shall apply on the policy when a private passenger vehicle is used regularly or frequently for business errands or personal transportation related to the operator's employment. Applies to any person, whether primary or occasional operator. Any married person not living with spouse, rate as a single person. Common-law rated as single person.

For rating purposes on new and renewal applications, all drivers will be deemed to have attained their next birthday thirty (30) days prior thereto.

\* Married means named insured and spouse must reside in the same household.

## Multiple Operators/Multiple Vehicles Rating Procedure

Assign the highest rated operator to the highest rated vehicle, second highest rated driver to the second highest rated vehicle, etc. The highest rated operator refers to the operator whose age, sex, marital status and points develop the highest premium.

If there are more vehicles than operators, apply the appropriate class(es) on the highest rated vehicle(s) etc., rate the unassigned vehicle(s) at Class MM50 using zero points and apply the multi-vehicle discount.

Rate on each operator's driving record only. Do not add points from the driving record of one operator of a household to the points of another operator.

List all individuals over fourteen (14) years of age in the household and any other operators on the application.



### Optional Liability Coverage Rates

|  |             |
|--|-------------|
|  | All Classes |
|  | Six Month   |
| Medical Payments   |             |
| All Territories - \$500 Limit  | \$ 6        |
| All Territories - \$1,000 Limit  | \$ 9        |
| All Territories - \$2,000 Limit  | \$ 13.50    |
| Uninsured Motorist (\$25,000/\$50,000)   |             |
| All Other Territories  | \$81        |
| Territories: 6,7,8,10,17,20,22,24,26,29,34,36,37,41,42,44,45,47,48,52,53,56,59,60,62,67,74,77,85,88,92,102,106,111,114 | \$95        |
| Territories: 5,9,18,25,27,43,57,66,71,80,82,83,87,90,93,94, 97,100,101,103,115.  | \$107       |
| Territories: 1,4,13,40,69,73,79,81,89.   | \$125       |
| Territories: 2,33,46,68,75,76,86,107,116.  | \$142       |

### Optional Comprehensive and Collision Deductible

| Deductible Amount | Rate                          |
|-------------------|-------------------------------|
| \$ 100            | 170% of \$500 Deductible Rate |
| \$ 250            | 130% of \$500 Deductible Rate |
| \$ 1,000          | 87% of \$500 Deductible Rate  |

### Towing & Labor Cost Reimbursement

|  |             |
|--|-------------|
|  | All Classes |
|  | Six Month   |
| All Territories - \$50 per Disablement | \$ 7        |
| All Territories - \$75 per Disablement | \$ 10.50    |

### Rental Reimbursement Coverage

|  |             |
|--|-------------|
|  | All Classes |
|  | Six Month   |
| All Territories - \$35 per day, for max of 20 days | \$ 22       |
| All Territories - \$40 per day, for max of 20 days | \$ 33       |

# Medical Report for Automobile Insurance

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Insurance Agency

I hereby authorize you to complete this report on my physical condition for InsureScan MGA, LLC.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## To Be Completed By Physician

1. Does your patient have any uncorrected eye vision problems that affect his/her ability to drive?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

2. Are there any physical disabilities that might reduce driving ability (paralysis, amputations, weaknesses, arthritis, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe and indicate how long he/she has been driving with this disability: \_\_\_\_\_  
\_\_\_\_\_

3. Is your patient unable to drive safely due to impaired mental capacity or diminished alertness?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

4. Is your patient on any medication that will adversely affect his/her ability to operate a motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of anything else about your patient which could affect his/her ability to drive safely (alcohol problems, drug problems, emotional problems, epilepsy, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

If additional space is needed for any of the questions above, please use the reverse side of this form.

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/State/Zip

(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Phone