



United States Liability Insurance Group
PHYSICIAN'S OPINION STATEMENT - DRIVER FITNESS

On _____ I examined _____ date of birth _____
 (Date)

to determine his or her mental and physical fitness to operate a motor vehicle. My findings are as follows:

General Health

1. Is there any nervous, organic, or functional disease which has advanced, or is likely to advance during the next 12 months, to a degree that will interfere with safe driving? Yes No
2. Has the applicant ever been treated or received medication for any nervous disorders (muscular dystrophy, multiple sclerosis, cerebral palsy)? Yes No
3. Has the applicant ever been treated for epilepsy? Yes No

Mental Condition

4. Has a loss of alertness or mental activity adversely affected the applicant's ability to handle emergencies frequently encountered in driving? Yes No

Physical Condition

5. Has the applicant lost any of the following members? Yes No
 - Finger Hand Arm Leg
- a. Is there any partial or total loss of use of any of the above that impairs safe driving ability? Yes No
- b. Is there any other bodily defect or limitation that is likely to hinder safe driving? Yes No
- c. Does the car have special controls? Yes No

Hearing

6. Does the applicant need a hearing aid to hear ordinary conversation? Yes No

Vision

7. Has the applicant have ever had cataracts? Yes No
8. Has the applicant lost the use of either eye? Yes No
9. Is there any opacity of the crystalline lenses of either or both eyes? Yes No
10. Visual Acuity With Corrective Lenses
11. Both Eyes if same: 20/_____ Left Eye: 20/_____ Right Eye: 20/ _____
12. Do the above visual acuity ratings suggest an inability to safely operate a motor vehicle? Yes No
13. Please explain any "Yes" answers above: _____

Policy Number: _____

 Signature of Examining Physician

Address: _____

- Are there any restrictions on your drivers' license other than glasses/contact lenses? Yes No
 If yes give details _____

 Signature of Applicant

* Please see the reverse side for important privacy information.

United States Liability Insurance Group

PRIVACY NOTICE

on behalf of

UNITED STATES LIABILITY INSURANCE COMPANY

MOUNT VERNON FIRE INSURANCE COMPANY

U.S. UNDERWRITERS INSURANCE COMPANY

What information we collect?

We collect non-public personal financial and health information from applications or other requests for insurance or products we offer. We may also collect information from other sources such as a prior insurance provider and consumer reporting agencies. This information can include prior loss history, credit or inspection and motor vehicle reports.

What information do we disclose and to whom is it disclosed?

United States Liability Insurance Company, Mount Vernon Fire Insurance Company and U.S. Underwriters Insurance Company are an affiliated family of companies under common ownership, sharing employees, data processing systems and office space. Therefore all of the non-public personal information collected in connection with the insurance policy with one of these three companies may be disclosed to these affiliates by virtue of this commonality of employees and systems.

We will not otherwise disclose non-public personal financial information except as permitted by law.

How do we protect non-public personal information?

This information is protected physically, electronically and administratively by procedures we have implemented to ensure its safeguard. This information is generally available only within the United States Liability Group, but where made available to others for purposes relating to the services we provide, such disclosure is limited to that needed to satisfy the purpose in question. Anyone who is given access to this information by us will be informed of the need to protect and safeguard its confidentiality, and is not authorized to use or further disclose non public personal information except in furtherance of the purpose for which such person was given the information.