CHUBB

Chubb Group of Insurance Companies

PHYSICAL REPORT FOR AUTOMOBILE INSURANCE

NAME OF APPLICANT	POLICY NUMBER	AGENTS NUMBER

NAME OF OPERATOR	DATE OF BIRTH

Information submitted in an application for automobile insurance indicates that the above named operator has one or more of the conditions enumerated below or, this report is being requested because of the advanced age of this operator.

Please complete the following questionnaire and include a brief explanation of any condition indicated by an affirmative answer, in "Remarks."

TO BE COMPLETED BY PHYSICIAN

Has the Operator any of following conditions:	No	Yes	If "Yes," and condition is consider "Mild" check below:
1. Epilepsy	☐	☐	☐
2. Fainting or blackouts (syncope)	☐	☐	☐
3. Heart Disease (excluding murmur)	☐	☐	☐
4. Diabetes	☐	☐	☐
5. Arthritis (visibly affected)	☐	☐	☐
6. Neuromuscluar disease	☐	☐	☐
7. Corrected vision poorer than 20/50 in one or both eyes	☐	☐	If "Yes" and condition does NOT impair driving capability check below:
8. High blood pressure (180/100 or over)	☐	☐	
9. Loss or paralysis of an arm or leg (unless compensated for by vehicular equipment)	☐	☐	
10. Any other physical disorder for which a doctor prescribes continuous medication	☐	☐	☐
11. Any mental disorder which, in the last three years, has resulted in: a) Hospitalization b) Continuous treatment involving shock treatment or medication	☐	☐	☐
12. Any other condition for which medically restricted license is required.	☐	☐	☐
13. In your opinion, is there any medical condition which hampers this operator's driving ability	☐	☐	☐

REMARKS:

PHYSICIAN'S SIGNATURE	
PHYSICIAN'S ADDRESS	DATE