

National Casualty Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258



SierraSpecialty

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Insurance Company

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Columbus, Ohio 43215
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Scottsdale Surplus Lines Insurance Company

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PHYSICIANS STATEMENT OF DRIVER FITNESS

Patient's Name: _____ Age: _____

Number of examinations: _____ Length of time under my care: _____

1. Is the mental alertness adequate to cope with emergencies frequently encountered in driving?..... Yes No
If no, what is the nature and extent of the impairment? _____

2. Does this person have full use of all extremities? Yes No
If no, describe any type of special equipment required to be installed for this driver: _____

3. Vision:

a. Has he or she lost the use of either eye? Yes No

b. Can he or she distinguish red and green colors? Yes No

c. Visual acuity-both eyes-20/ _____ Natural vision or corrective glasses? _____

4. Hearing:

a. Is there any major hearing defect? Yes No

b. Is hearing defect corrected with use of a hearing aid? Yes No

5. State your opinion of this person's ability to operate a motor vehicle safely in ideal driving conditions and in abnormal or emergency situations: _____

I am a licensed physician in the State of _____ with _____ years of practice.

Date: _____ Physician's Signature: _____

Physician's address: _____

FOR COMPLETION BY AGENT OR COMPANY

Policy No.: _____

Agency Name: _____

City: _____ State: _____ Zip: _____