

# AUTO QUESTIONNAIRE

Your full name: \_\_\_\_\_

Your email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have a current auto policy:     Yes     No

If yes, name of current carrier and expiration date: \_\_\_\_\_

Current Liability Limits: \_\_\_\_\_

Please provide a brief description of the reason you are switching carriers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Vehicle #1 Info**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Comprehensive:     Yes     No

Collision:     Yes     No

Deductible: \_\_\_\_\_

## **Vehicle #2 Info**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Comprehensive:     Yes     No

Collision:     Yes     No

Deductible: \_\_\_\_\_

## **Vehicle #3 Info**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Comprehensive:     Yes     No

Collision:     Yes     No

Deductible: \_\_\_\_\_

## **Vehicle #4 Info**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Comprehensive:     Yes     No

Collision:     Yes     No

Deductible: \_\_\_\_\_

**Driver #1 Info**

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

Driver's License# \_\_\_\_\_

Year Licensed: \_\_\_\_\_

Car Driven: \_\_\_\_\_

Usage: \_\_\_\_\_

Status: \_\_\_\_\_ Married \_\_\_\_\_ Single

**Driver #2 Info**

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

Driver's License# \_\_\_\_\_

Year Licensed: \_\_\_\_\_

Car Driven: \_\_\_\_\_

Usage: \_\_\_\_\_

Status: \_\_\_\_\_ Married \_\_\_\_\_ Single

**Violation & Accidents**

Please list how many of each of these has occurred in the past 3 years:

Tickets: \_\_\_\_\_

At-Fault Accidents: \_\_\_\_\_

Non-Fault Accidents: \_\_\_\_\_

Suspensions: \_\_\_\_\_

Please provide a brief description of each violation and/or accident and to which driver they apply: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driver #3 Info**

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

Driver's License# \_\_\_\_\_

Year Licensed: \_\_\_\_\_

Car Driven: \_\_\_\_\_

Usage: \_\_\_\_\_

Status: \_\_\_\_\_ Married \_\_\_\_\_ Single

**Driver #4 Info**

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

Driver's License# \_\_\_\_\_

Year Licensed: \_\_\_\_\_

Car Driven: \_\_\_\_\_

Usage: \_\_\_\_\_

Status: \_\_\_\_\_ Married \_\_\_\_\_ Single

**Additional Information**

# of Other Licensed Drivers in your Household: \_\_\_\_\_

Do they have their own insurance or will they be listed on this policy:

\_\_\_\_\_ Own Policy

\_\_\_\_\_ Listed Here