

AUTOMOBILE QUESTIONNAIRE

Today's Date: _____ Producer Name: _____

Effective Date: _____ Producer Phone: _____ Number of Years known applicant: _____

Insured Name(s): _____ Insured Email: _____

Street Address: _____ City: _____ County: _____

State: _____ Zip: _____ Phone: _____

Highest Education: High School _____ Associates Degree _____ Bachelor's Degree _____ Law or Medical Degree _____

Does Insured own their home? Yes _____ No _____ How many years at current residence? _____

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
YEAR				
MAKE				
MODEL				
VIN				
LIEN, LEASED or OWNED				

	DRIVER 1	DRIVER 2	DRIVER 3	DRIVER 4
FULL NAME*				
MALE / FEMALE	M__ F__	M__ F__	M__ F__	M__ F__
RELATIONSHIP TO INS'D	Insured			
DATE OF BIRTH				
SOCIAL SECURITY #				
DRIVER LICENSE #				
MARITAL STATUS	S__ M__ D__ W__	S__ M__ D__ W__	S__ M__ D__ W__	S__ M__ D__ W__
OCCUPATION				
VEHICLE USE	Pleasure__ Work__ School__	Pleasure__ Work__ School__	Pleasure__ Work__ School__	Pleasure__ Work__ School__
MILES ONE WAY				
PRIMARY VEH DRIVEN				

***ALL LICENSED AGE HOUSEHOLD MEMBERS MUST BE LISTED ON THE POLICY (even if they don't drive).**

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Do any drivers qualify for Good Student discount? Yes___ No___ Driver Name: _____
 (documentation will be required upon issuance)

Are any drivers Away at School? Yes___ No___

If yes, is school more than 100 miles away? Yes___ No___ Name of School: _____

Does any member of the household drive a company car? Yes___ No___

If yes, provide carrier, limits and effective/expiration dates: _____

POLICY COVERAGE LIMITS LIABILITY (we do not quote less than 50/100 liability limits)

CSL___ Limit:_____ OR Split Limits___ (indicate split limits below)

Bodily Injury _____ UM/UIM _____

Property Damage _____ Medical Payments _____

PHYSICAL DAMAGE

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
COMP DED				
COLLISION DED				
ROADSIDE ASSISTANCE	25___ 50___ 75___ 100___ 200___ 250___	25___ 50___ 75___ 100___ 200___ 250___	25___ 50___ 75___ 100___ 200___ 250___	25___ 50___ 75___ 100___ 200___ 250___
RENTAL REIMBURSEMENT	20/600___ 25/750___ 30/900___ 40/1200___ 50/1500___	20/600___ 25/750___ 30/900___ 40/1200___ 50/1500___	20/600___ 25/750___ 30/900___ 40/1200___ 50/1500___	20/600___ 25/750___ 30/900___ 40/1200___ 50/1500___
LIABILITY ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLASS COVERAGE	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

Check here if **Personal Umbrella** Requested

Limit: 1 million___ 2 million___ 3 million___ Excess UM/UIM: Yes___ No___

Any Auto claims in past 5 years? Yes___ No___

If yes, provide details (date/type of loss/amount paid): _____

Current Carrier: _____ # of Years w/carrier: _____

Expiration Date: _____ Premium: _____ Limits: _____

Has coverage been cancelled or non-renewed in last 3 years? Yes___ No___

If yes, provide reason: _____