

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 the insured own or rent their home? Own ☐ Rent ☐ 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POLICY COVERAGE LIMITS LIABILITY (we do not quote less than 50/100 liability limits)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/UM _____

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	☐	☐	☐	☐
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/UM: 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: _____