

# Automobile Questionnaire



Please provide all information below so that an automobile quotation may be obtained.

## GENERAL INFORMATION:

NAMED INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
(If less than 3 years at current) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(If different than physical address) \_\_\_\_\_

## DRIVER INFORMATION:

	DRIVER #1	DRIVER #2	DRIVER #3	DRIVER #4
FIRST NAME:				
MIDDLE INITIAL:				
LAST NAME:				
SEX:				
DATE OF BIRTH:				
SOCIAL SECURITY #:				
MARITAL STATUS:				
LICENSE #:				
LICENSE STATE:				
CAR DRIVEN:				

# Automobile Questionnaire

# OF ACCIDENTS/ VIOLATIONS:				
STUDENT/DEFENSIVE/ DRIVER TRAINING:				
OCCUPATION:				

Please provide details of accidents/violations listed under driver info: \_\_\_\_\_

---



---

Please provide details of driver training courses taken: \_\_\_\_\_

---



---

Are there any licensed drivers in the household that are not listed above:      YES      NO

If yes, please provide name, date of birth and license #: \_\_\_\_\_

---



---

## VEHICLE INFORMATION:

	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
YEAR:				
MAKE:				
MODEL:				
VIN #:				
COST NEW:				
PRINCIPAL DRIVER:				
PRIMARY USE*:	P B W	P B W	P B W	P B W
MILES DRIVEN TO WORK:				
# OF AIRBAGS:				
ANTI-LOCK BRAKES:	YES or NO	YES or NO	YES or NO	YES or NO
ANTI-THEFT DEVICE:	YES or NO	YES or NO	YES or NO	YES or NO
FINANCED:	YES or NO	YES or NO	YES or NO	YES or NO

# Automobile Questionnaire

LEASED:	YES or NO	YES or NO	YES or NO	YES or NO
COMPREHENSIVE:	YES or NO	YES or NO	YES or NO	YES or NO
COLLISION:	YES or NO	YES or NO	YES or NO	YES or NO
TOWING:	YES or NO	YES or NO	YES or NO	YES or NO
RENTAL COVERAGE:	YES or NO	YES or NO	YES or NO	YES or NO

\*Vehicle Use: P = Pleasure    B = Business    W = Work

## LEINHOLDER INFORMATION:

NAME OF INSTITUTION:	
ADDRESS:	
VEHICLE:	

NAME OF INSTITUTION:	
ADDRESS:	
VEHICLE:	

## COVERAGE INFORMATION:

	POLICY LEVEL COVERAGE
SINGLE LIMIT OF LIABILITY:	
SPLIT BI LIMIT:	
SPLIT PD LIMIT:	
PROPERTY DAMAGE:	
MEDICAL PAYMENTS:	
FUNERAL BENEFITS:	
ACCIDENTAL DEATH:	
WORK LOSS:	
UNINS'D MOTORIST LIMIT:	
STACKED:	YES or NO
UNDERINS'D MOTORIST LIMIT:	
STACKED:	YES or NO
COMP. DEDUCTIBLE:	
COLLISION DEDUCTIBLE:	
TOWING LIMIT:	
RENTAL AMOUNT:	
RENTAL - # OF DAYS:	
TORT:	FULL or LIMITED

# *Automobile Questionnaire*

**CURRENT/PRIOR CARRIER INFORMATION:**

	2007	2006
CARRIER:		
EXPIRATION DATE:		
PREMIUM:		