
AUTO QUOTE QUESTIONNAIRE

Date _____ Referred By _____

Your Name _____ Phone # (Home) _____ (Work) _____ (Cell) _____

Address _____ City _____ State _____ Zip _____

Previous Add (if less than 3 yrs) _____

Own Home / Rents / Live W/Parents _____ Current Insurance Carrier _____ Policy# _____

Expiration date _____ E-MAIL ADDRESS _____

Driver #1 _____ DOB _____ Dr. Lic # _____

SS# _____ Employer _____ Occupation _____ Yrs. Emp _____

Driver #2 _____ DOB _____ Dr. Lic # _____

SS# _____ Employer _____ Occupation _____ Yrs. Emp _____

Driver #3 _____ DOB _____ Dr. Lic # _____

SS# _____ Employer _____ Occupation _____ Yrs. Emp _____

Driver #4 _____ DOB _____ Dr. Lic # _____

SS# _____ Employer _____ Occupation _____ Yrs. Emp _____

Non-licensed occupants including children: **Names and Birthdates**

Any Violation/Accidents in 3 years Any MAJOR violations in 5 years, (Drugs, DUI, Impaired, etc.)

Drv # _____ Date _____ Drv # _____ Date _____ Drv # _____ Date _____

Violation _____ Viol _____ Viol _____

Amount of Paid Claim _____ Amount of Paid Claim _____ Amount of Paid Claim _____

Speeding Ticket – Miles Over _____ Speeding Ticket – Miles Over _____ Speeding Ticket – Miles Over _____

Accident details (include 1 car accidents, not-at-fault accidents):

Health Insurance? What Company _____ Covers Auto Accident? _____

Disability Insurance? What Company _____ Covers Auto Accident? _____

Any Group Membership? Business or Professional Assoc. ?/AARP?/MEA? _____
 Credit Union Member - Name of CU _____
 4yr. College Alumni Assoc. – School? _____

Veh #1 _____ Vin # _____ Principal Driver # _____
Pleasure use? _____ to work? 1 way mileage _____ Used in business? _____ How? _____

Comprehensive Yes No Ded _____ Collision Yes, Ded _____, Type _____
Towing Yes No - Amount _____ Rental Reimbursement Yes, No - Amount _____
Any Alarm - Describe _____ Leased Purchased

Garaging Location (if Different Address) _____

Veh #2 _____ Vin # _____ Principal Driver # _____
Pleasure Use? _____ to work? 1 way mileage _____ Used in business? _____ How? _____

Comprehensive Yes No Ded _____ Collision Yes, Ded _____ Type _____
Towing Yes No - Amount _____ Rental Reimbursement Yes, No - Amount _____
Any Alarm - Describe _____ Leased Purchased

Garaging Location (if Different Address) _____

Veh #3 _____ Vin # _____ Principal Driver # _____
Pleasure Use ? _____ to work? 1-way mileage _____ Used in business? _____ How? _____

Comprehensive Yes No Ded _____ Collision Yes, Ded _____ Type _____
Towing Yes No - Amount _____ Rental Reimbursement Yes, No - Amount _____
Any Alarm - Describe _____ Leased Purchased

Garaging Location (if Different Address)

Use separate sheet for additional vehicles

+ A copy of your present policy would be most helpful!!!!

Limits: What are your current Liability Limits _____

Multiple Policy discounts may save you money- Are you interested in estimates for other services?
Life? ___ Long-term Care? ___ Disability Income? ___ Annuity Products? ___ Rental Properties? ___

Home/Condo/Mobilehome or Renters Insurance? ___ Personal Umbrella (excess liability)? ___

SPECIAL REMARKS/QUESTIONS YOU MAY HAVE: _____

Signature: _____ Date _____