

Auto Questionnaire

Date: \_\_\_\_\_

Insured Name: \_\_\_\_\_

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

Insurance Company and Policy Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ How long Insured: \_\_\_\_\_

DRIVERS IN HOUSEHOLD:

Insured: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# \_\_\_\_\_

SS# \_\_\_\_\_ Occupation: \_\_\_\_\_

Single or Married

Driver: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# \_\_\_\_\_

SS# \_\_\_\_\_ Occupation: \_\_\_\_\_

Single or Married

Driver: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# \_\_\_\_\_

SS# \_\_\_\_\_ Occupation: \_\_\_\_\_

Single or Married

Driver: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# \_\_\_\_\_

SS# \_\_\_\_\_ Occupation: \_\_\_\_\_

Single or Married

Yr: \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

VIN# \_\_\_\_\_ Principal driver: \_\_\_\_\_

Usage: (circle one) Pleasure Business Work Carpool  
If driven to work how many miles one way \_\_\_\_\_

New or used (circle one) Lienholder \_\_\_\_\_

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

Yr: \_\_\_\_\_ Make \_\_\_\_\_ Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

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New or used (circle one) Lienholder \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COVERAGES:**

Liabililty\_Limits \_\_\_\_\_  
Propery damage \_\_\_\_\_

Uninsured Motorist \_\_\_\_\_  
Uninsured Motorist Property Damage: \_\_\_\_\_

Personal Injury Protection: \_\_\_\_\_  
Medical Payments: \_\_\_\_\_

Physical damage: Car #1 #2 #3 #4

Collision: Deductible \_\_\_\_\_  
Comprehensive: \_\_\_\_\_

Towing Limit: \_\_\_\_\_

Rental Reimbursement: \_\_\_\_\_ per day