

AUTOMOBILE QUESTIONNAIRE

Midwest Certified Insurance Agency, Ltd.

Today's Date: _____

Producer Name: _____

Effective Date: _____

Producer Phone: _____

of Years known applicant: _____

Insured Name(s): _____

Street Address: _____ City: _____

County: _____ State: _____ Zip: _____ Phone: _____

Highest Education (circle): High School / Associates Degree / Bachelor's Degree / Law or Medical Degree

Is Insured an AARP member? ___Yes ___No If yes, provide Member ID#: _____

Does Insured own their home? ___ Yes ___No

	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 (circle)	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).**

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: _____

COVERAGE LIMITS REQUESTED

Bodily Injury	_____	Comprehensive Deductible	_____
Property Damage	_____	Collision Deductible	_____
Medical Payments	_____	Roadside Assistance	_____
UM / UIM	_____	Rental Reimbursement	_____

Check here if Personal Umbrella Requested
Limit: (circle) 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: _____

Has coverage been cancelled or non-renewed in last 3 years? Yes / No

If yes, provide reason: _____

Additional information: _____
