 **AUTOMOBILE QUESTIONNAIRE**

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  
Does Insured own their home? \_\_\_\_\_\_ Yes \_\_\_\_\_\_No 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 (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).** | | | | |

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 **AUTOMOBILE QUESTIONNAIRE**

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**

**Bodily Injury \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UM/UIM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Property Damage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(we do not quote less than 50/100 liability limits)**  
**PHYSICAL DAMAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **VEHICLE 1** | **VEHICLE 2** | **VEHICLE 3** | **VEHICLE 4** |
| **COMP DED** |  |  |  |  |
| **COLLISION DED** |  |  |  |  |
| **ROADSIDE ASSISTANCE** | 25 50 75 100 | 25 50 75 100 | 25 50 75 100 | 25 50 75 100 |
| **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** |  |  |  |  |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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