 **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, LEASEDor 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).** |

Page 1 of 2

 **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 30/90040/1200 50/1500 | 20/600 25/750 30/90040/1200 50/1500 | 20/600 25/750 30/90040/1200 50/1500 | 20/600 25/750 30/90040/1200 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Page 2 of 2 (REVISED 07/2016)