

Auto Questionnaire
(see page 2 for trailers)

Driver 1: _____
Mailing Address: _____
Residence Address: _____
Phone: _____ Email: _____
DOB: _____ SS#: _____ Age first licensed: _____

Occupation: _____ Employer: _____
Drivers License: _____ State Licensed: _____

Any claims/violations/accidents in last 3 years? Yes No (If yes, provide details including date and claim amount paid if any)

Does driver currently have insurance? Yes No Carrier: _____

Policy effective date: _____ Policy length: 6 mo. 1 year How long with current carrier: _____ Any lapse: _____

Coverage cancelled or declined in last 3 years? Yes No Marital Status: _____

Driver 2: _____

Mailing Address: _____

Residence Address: _____

Phone: _____ Email: _____

DOB: _____ SS#: _____ Age first licensed: _____

Occupation: _____ Current Employer: _____

Drivers License: _____ State Licensed: _____

Any claims/violations/accidents in last 3 years? Yes No (Provide details)

Does driver currently have insurance? Yes No Carrier: _____

Policy effective date: _____ Policy length: 6 mo. 1 year How long with current carrier: _____ Any lapse: _____

Coverage cancelled or declined in last 3 years? Yes No Marital Status: _____

Vehicle 1: Use: Pleasure Business Work/School (miles one-way commute _____)

Year: _____ Make: _____ Model: _____

VIN #: _____ Anti-lock brakes? _____

Cost New: _____ Annual Mileage: _____ Anti-theft devices? _____

Who is the vehicle registered to? _____

Lien Holder: _____

Who Drives: Driver 1 Driver 2 Any commercial use: Yes No

Vehicle 2: Use: Pleasure Commercial Work/School (miles one-way commute _____)

Year: _____ Make: _____ Model: _____

VIN #: _____ Anti-lock brakes? _____

Cost New: _____ Annual Mileage: _____ Anti-theft devices? _____

Who is the vehicle registered to? _____

Lien Holder: _____

Who Drives: Driver 1 Driver 2 Any commercial use: Yes No

Limits of Coverage:

Bodily Injury: _____ Vehicle 1 Vehicle 2

Property Damage: _____ Vehicle 1 Vehicle 2

PIP: _____ Vehicle 1 Vehicle 2

Medical Payments: _____ Vehicle 1 Vehicle 2

UM/UIM: _____ Vehicle 1 Vehicle 2

Comp Deductible: _____ Vehicle 1 Vehicle 2

Collision Deductible: _____ Vehicle 1 Vehicle 2

Rental: _____ Vehicle 1 Vehicle 2

Towing: _____ Vehicle 1 Vehicle 2

TRAILERS:

Year _____ Make _____ Model _____

VIN: _____ Gooseneck Bumper Hitch

Radius: 1-50 miles 50 – 150 Over 150 miles

Gross Vehicle Weight/Load Capacity: _____

Trailer Length: _____

Number of Axles: _____

Actual Cash Value of the trailer: _____

Is the trailer used year round? Yes No If no, describe:

Comprehensive \$_____ deductible Collision \$_____ deductible

Lienholder: _____
