

**Auto Questionnaire**

Current Carrier: \_\_\_\_\_ How long have you been with current carrier? \_\_\_\_ Expiration Date: \_\_\_\_\_

Policy Term: 6 month Annual Has coverage ever lapsed/been cancelled: Yes No If yes, reason: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_ Text for Service? Yes No

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

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

How did you hear about us? \_\_\_\_\_

**Driver(s) Information**

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

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

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Sex: M F Single Married Student: Yes No

Sex: M F Single Married Student: Yes No

Resident Relative: Yes No

Resident Relative: Yes No

Engage in Ride Sharing Programs (Uber): Yes No

Engage in Ride Sharing Programs (Uber): Yes No

Good Student Discount: Yes No

Good Student Discount: Yes No

55+ Defensive Driving Course Completed: Yes No

55+ Defensive Driving Course Completed: Yes No

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

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

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

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*\*Proof must be submitted for Good Student Discount & Defensive Driving Course (Course must be < 3 years old)*

**Vehicle Information**

Vehicle	Year	Make	Model	VIN	Use	Annual Mileage	Garaging Zip Code	Titled to	Car Sharing (Turo)
1					<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute				<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute				<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute				<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Pleasure <input type="checkbox"/> Commute				<input type="checkbox"/> Yes <input type="checkbox"/> No

Any Customization to any vehicles?  Yes  No If yes, describe: \_\_\_\_\_

Do any of the vehicles have an anti-theft device?  Yes  No If yes, which vehicle(s)? \_\_\_\_\_

Are any of the vehicles financed/leased?  Yes  No

Lessor Vehicle 1: \_\_\_\_\_ Lessor Vehicle 2: \_\_\_\_\_

Lessor Vehicle 3: \_\_\_\_\_ Lessor Vehicle 4: \_\_\_\_\_

Are any of the above vehicles used for business?  Yes  No If yes, which vehicle(s)? \_\_\_\_\_

Any student away at college > 100 miles away from home?  Yes  No If yes, which Driver(s) above? \_\_\_\_\_

If available, interested in Replacement Cost?  Yes  No

**Insurance Coverage Information**

Bodily Injury Limit Per Person/Per Accident:

OR Combined Single Limit:

Property Damage Limit Per Accident:

Uninsured Motorist:

Exclude Lost Wages under PIP:  Yes  No

Uninsured Motorist:  Stacked  Non-stacked

Extended Personal Injury:  Yes  No

Medical Payments:

Additional Personal Injury:  Yes  No

GAP:  Yes  No

Comprehensive (Fire, Theft):  \$500  \$1,000  \$2,500

Rental Reimbursement:

Collision:  \$500  \$1,000  \$2,500

Towing Reimbursement:  Yes  No