

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: _____

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

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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

**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					☐ Pleasure ☐ Commute				☐ Yes ☐ No
2					☐ Pleasure ☐ Commute				☐ Yes ☐ No
3					☐ Pleasure ☐ Commute				☐ Yes ☐ No
4					☐ Pleasure ☐ Commute				☐ Yes ☐ 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