

# AUTOMOBILE INSURANCE QUESTIONNAIRE

**(IMPORTANT)** QUESTIONNAIRE MUST INCLUDE IMAGE OF  
CURRENT POLICY DECLARATION PAGE



APPLICANT'S NAME	TODAY'S DATE
MAILING ADDRESS	TELEPHONE NUMBER
CURRENT POLICY: <input type="checkbox"/> 6 MONTH <input type="checkbox"/> ANNUAL <input type="checkbox"/> PAID IN FULL	
CURRENT PAYMENT DATE: _____	
CURRENT RESIDENCE <input type="checkbox"/> OWNED <input type="checkbox"/> RENTAL	

PREVIOUS ADDRESS (If less than 3 years)	GARAGE LOCATION IF DIFFERENT FROM ABOVE

## VEHICLE DESCRIPTION

VEH	YEAR	MAKE, MODEL AND BODY TYPE	VIN / REGISTERED STATE	Towing	Rental
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>

  

VEH	AIR BAG	ANTI THEFT	VEH	AIR BAG	ANTI THEFT
1	<input type="checkbox"/> DRIVER <input type="checkbox"/> BOTH	<input type="checkbox"/> DRIVER <input type="checkbox"/> BOTH	3	<input type="checkbox"/> DRIVER <input type="checkbox"/> BOTH	<input type="checkbox"/> DRIVER <input type="checkbox"/> BOTH
2	<input type="checkbox"/> DRIVER <input type="checkbox"/> BOTH	<input type="checkbox"/> DRIVER <input type="checkbox"/> BOTH	4	<input type="checkbox"/> DRIVER <input type="checkbox"/> BOTH	<input type="checkbox"/> DRIVER <input type="checkbox"/> BOTH

## RESIDENT & DRIVER INFORMATION

NAME (AS IT APPEARS ON LICENSE)	SEX	MARITAL STATUS	DATE OF BIRTH	DRIVERS LICENSE NUMBER & STATE	SOCIAL SECURITY#

## ACCIDENTS / CONVICTIONS / TICKETS / SUSPENSIONS IN LAST 5 YEARS

NAME	DATE	DESCRIPTION	CLAIM AMOUNT

VEH #	LOAN	LEASE	BANK NAME & ADDRESS	ACCOUNT #
1	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>		

APPLICANT'S OCCUPATION (STATE NATURE OF BUSINESS IF SELF-EMPLOYED)

CO-APPLICANT'S OCCUPATION (STATE NATURE OF BUSINESS IF SELF-EMPLOYED)

SUE FOR PAIN AND SUFFERING?  YES  NO

CURRENT INSURANCE (IF LESS THAN 6 MONTHS, INCLUDE IMAGE OF PRIOR POLICY DECLARATION )

NAME OF CARRIER	# OF YEARS W / COMPANY	PRIOR POLICY NUMBER	EXPIRATION DATE
PRIOR CARRIER	# OF YEARS W / COMPANY	PRIOR POLICY NUMBER	EXPIRATION DATE

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