

AUTO QUOTE QUESTIONNAIRE

PRIOR CARRIER INFORMATION

CURRENT COMPANY:

BODILY INJURY LIMITS FOR LIABILITY:

(OPTIONS 25/50, 50/100, 100/300, 250/500)

RENEWAL DATE:

HOUSEHOLD INFORMATION

LICENSED DRIVERS IN HOUSEHOLD?

- ALL DRIVERS:
 - FIRST/LAST NAME:
 - DATE OF BIRTH:
 - MARITAL STATUS:
 - HIGHEST LEVEL OF EDUCATION COMPLETED:
 - DRIVER LICENSE NUMBER:
- ANY DRIVERS (KIDS) IN SCHOOL FULL TIME:
 - AWAY AT SCHOOL OVER 100 MILES W/ OUT A CAR?
 - GOOD STUDENT, B AVERAGE OR ABOVE W/ PROOF?

HOW MANY CARS DOES THE CLIENT OWN?

- ALL CARS:
 - VIN: (OR YEAR/MAKE/MODEL IF VIN UNAVAILABLE)
 - OWNED/LEASED/FINANCED?
 - COMMUTING OR STRICTLY PLEASURE?
 - ESTIMATED ANNUAL MILEAGE DRIVEN?
 - ANY SPECIAL SAFETY FEATURES?
 - MAIN DRIVER?

COVERAGE PREFERENCE

DOES THE CLIENT HAVE AAA?

WOULD THEY NEED ANOTHER CAR TO DRIVE IF THERES WAS UNABLE TO BE USED DUE TO AN ACCIDENT? (RENTAL REIMBURSEMENT)

DO THEY PREFER TO HAVE GLASS W/ A \$0 DEDUCTIBLE?

\$500 DEDUCTIBLES OK TO START, OR PREFER \$1,000 TO SAVE MONEY, OR SEE BOTH OPTIONS?