

Auto Insurance Quote Questionnaire

Date: _____

Applicant: _____ SS# _____

Address: _____ Own Home Rent

DOB: _____ Age: _____ M F Telephone: _____ Work# _____

Marital Status: Married Single # Miles 1 way to work: _____ Defensive Driving Course: Y N

License #: _____ # Yrs. Licensed _____ Occupation: _____

Employer Name/Address: _____

Spouse Name: _____ License # _____
 Spouse SS# _____ Spouse dob: _____
 # Yrs. Spouse Licensed: _____ Spouse Ins Co: _____
 Spouse # of miles 1 way to work: _____ Spouse Def. Driving: Y N
 Spouse Occupation: _____ Employer: _____

Previous Insurance: _____ Date cancelled: _____ Reason _____

Tickets-Conviction: _____ Date Paid Ticket: _____
 _____ Date Paid Ticket: _____

Accidents date: _____ At Fault? Y N
 _____ At Fault? Y N

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Veh. #1 Veh. Year: _____ Veh. Make: _____ Veh. Model: _____

Liability Only: Comp/Coll ded: _____ Veh. Id 1#: _____
 Auto Seatbelts Drivers side only Both Air bags Drivers side only Both Anti Lock Brake

Loss Payee Name & Address: _____

Veh. #2 Veh. Year: _____ Veh. Make: _____ Veh. Model: _____

Liability Only: Comp/Coll ded: _____ Veh. Id 2#: _____
 Auto Seat belt: driver side only Both Air bags: Drivers side only Both Anti Lock Brakes

Loss Payee Name & Address: _____

Day Running Lights Veh #1 Veh #2 Window Etching: Veh 1 Veh 2
 Anti Theft Device : Veh 1 Veh 2 (Active or Passive)

Questionnaire taken by: _____ Date: _____

 Quoted by: _____ Date: _____

Co1	Premium \$ _____	Quote #: _____
Co Name: _____	Down pymt \$ _____	# Monthly pymts: _____ @ \$ _____
Fin Co Name: _____	Down pymt \$ _____	# Monthly pymts: _____ @ \$ _____

Co2	Premium \$ _____	Quote#: _____
Co Name: _____	Down pymt \$ _____	# Monthly pymts: _____ @ \$ _____
Fin Co Name: _____	Down pymt \$ _____	# Monthly pymts: _____ @ \$ _____

Notes: _____

Policy #: _____ Pass ref #: _____ Emt#: _____ Rec #: _____ Amount \$ _____