

## Auto Insurance Questionnaire

1. Registered Owner of Vehicle(s): \_\_\_\_\_
2. Garaging Location (s): \_\_\_\_\_  
 \_\_\_\_\_
3. List all vehicles (attach separate sheet if necessary)
 

Year	Make	Model	Vehicle ID No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
4. Special Filings Required? (e.g. PUC, MCS 90, etc.): \_\_\_\_\_
5. Description of any special equipment attached/materials handled: \_\_\_\_\_  
 \_\_\_\_\_
6. List of Drivers (attach separate sheet if necessary)
 

Full Name	Driver License No.
_____	_____
_____	_____
_____	_____
_____	_____
7. Complete Description of any claims over the past five years (include date of accident, amount of loss, etc.) Include insurer loss runs if available: \_\_\_\_\_  
 \_\_\_\_\_
8. Limits of Liability Desired:    \$ \_\_\_\_\_  
 Uninsured Motorist Limit:    \$ \_\_\_\_\_  
 Medical Payments Limit:    \$ \_\_\_\_\_  
 Physical Damage Desired?    Yes:     No:   
     If so, comprehensive deductible amount:    \$ \_\_\_\_\_  
     Collision deductible amount:    \$ \_\_\_\_\_
9. Does applicant allow any personal use of autos?    Yes:     No:
10. How many employees does applicant have now? \_\_\_\_\_  
 12 months ago? \_\_\_\_\_
11. Will applicant implement a policy not allow any driver with over 3 points to drive?  
 Yes:     No:
12. Does applicant or owner have a separate auto policy?    Yes:     No: