

AUTO QUESTIONNAIRE

PRODUCER: _____

NAME: _____ HOME PHONE: _____

MAILING ADDRESS: _____

PREVIOUS MAILING ADDRESS IF AT THIS LOCATION UNDER 3 YEARS _____

ARE ALL VEHICLES GARAGED AT MAILING ADDRESS? _____ IF NO, WHERE ARE THEY GARAGED? _____

WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____

PLEASE CIRCLE ONE: MARRIED SINGLE SEPARATED/DIVORCED

IN CONNECTION WITH THIS QUOTATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. THE PERSON COMPLETING THIS FORM MUST INITIAL HERE _____ INDICATING THEY HAVE READ THIS STATEMENT AND PERMISSION IS GIVEN.

DRIVER NAME **DATE OF BIRTH** **LICENSE NUMBER** **SOCIAL SECURITY NUMBER**

1. _____

2. _____

3. _____

4. _____

OCCUPATION **EMPLOYER** **HIGHEST LEVEL OF EDUCATION**

1. _____

2. _____

3. _____

4. _____

BODILY INJURY: _____ PROPERTY DAMAGE: _____

UNINSURED/UNDER INSURED MOTORIST: _____ MEDICAL PAYMENTS _____

PERSONAL INJURY PROTECTION: _____ ADD'L PERSONAL INJURY PROTECTION: _____

OPTIONAL BASIC ECONOMIC LOSS (OBEL): _____ SUPPLEMENTAL SPOUSAL LIABILITY: _____

ARE ALL AUTO'S TITLED AND REGISTERED TO THE NAMED INSURED? _____

VEHICLE #1

YEAR **MAKE** **MODEL** **VEHICLE ID NUMBER** **DRIVER**

MILES ONE WAY TO WORK: _____ DAYTIME RUNNING LIGHTS? _____ ANTI-LOCK BRAKES? _____

DOES THE VEHICLE HAVE AN ALARM? _____ DOES THE VEHICLE HAVE AIR BAGS? _____

COMPREHENSIVE DEDUCTIBLE: _____ COLLISION DEDUCTIBLE: _____ TOWING LIMIT: _____

RENTAL REIMBURSEMENT LIMIT: _____

VEHICLE #2

YEAR **MAKE** **MODEL** **VEHICLE ID NUMBER** **DRIVER**

MILES ONE WAY TO WORK: _____ DAYTIME RUNNING LIGHTS? _____ ANTI-LOCK BRAKES? _____

DOES THE VEHICLE HAVE AN ALARM? _____ DOES THE VEHICLE HAVE AIR BAGS? _____

COMPREHENSIVE DEDUCTIBLE: _____ COLLISION DEDUCTIBLE: _____ TOWING LIMIT: _____

RENTAL REIMBURSEMENT LIMIT: _____

VEHICLE #3

YEAR MAKE MODEL VEHICLE ID NUMBER DRIVER

MILES ONE WAY TO WORK: _____ DAYTIME RUNNING LIGHTS? _____ ANTI-LOCK BRAKES? _____

DOES THE VEHICLE HAVE AN ALARM? _____ DOES THE VEHICLE HAVE AIR BAGS? _____

COMPREHENSIVE DEDUCTIBLE: _____ COLLISION DEDUCTIBLE: _____ TOWING LIMIT: _____

RENTAL REIMBURSEMENT LIMIT: _____

VEHICLE #4

YEAR MAKE MODEL VEHICLE ID NUMBER DRIVER

MILES ONE WAY TO WORK: _____ DAYTIME RUNNING LIGHTS? _____ ANTI-LOCK BRAKES? _____

DOES THE VEHICLE HAVE AN ALARM? _____ DOES THE VEHICLE HAVE AIR BAGS? _____

COMPREHENSIVE DEDUCTIBLE: _____ COLLISION DEDUCTIBLE: _____ TOWING LIMIT: _____

RENTAL REIMBURSEMENT LIMIT: _____

ARE YOU AN AARP MEMBER? _____ IF YES, MEMBER NUMBER: _____ DO YOU HAVE TRIPLE A? _____

HAVE YOU OR ANY HOUSEHOLE MEMBERS HAD ANY ACCIDENTS OR CONVICATIONS WITHIN THE LAST 5 YEARS? _____

DO YOU HAVE ANY OTHER VEHICLES THAT ARE FURNISHED FOR YOUR REGULAR USE? _____

IF YES, PLEASE EXPLAIN: _____

CURRENT AUTO COMPANY: _____ EXPIRATION DATE: _____

HOW LONG HAVE YOU BEEN WITH YOUR CURRENT CARRIER? _____ ARE YOU CURRENTLY BEING CANCELLED? _____

IF YES, WHY? _____

DO YOU OWN A HOME OR DO YOU RENT? _____ HOMEOWNERS OR RENTERS INSURANCE CARRIER: _____

EXPIRATION DATE OF POLICY: _____ DO YOU CURRENTLY HAVE A PERSONAL UMBRELLA? _____

ARE THERE ANY OTHER HOUSEHOLD MEMBER NOT ALREADY LISTED? _____

THEIR NAME AND DATE OF BIRTH: _____

ARE THEY LICENSED? _____ IF YES, WHAT IS THEIR LICENSE NUMBER: _____

HOW LONG HAVE THEY BEEN LICENSED? _____ DO THEY HAVE THEIR OWN INSURANCE? _____

HAVE ANY DRIVERS COMPLETED A DEFENSIVE DRIVER COURSE WITHIN THE LAST 3 YEARS? _____

ARE ANY DRIVERS IN HIGH SCHOOL OR COLLEGE? _____ OF YES, IS THEIR GPA AN A OR B? _____

ARE ANY AUTO'S KEPT AT COLLEGE? _____ IF YES, NAME OF COLLEGE: _____

DO ANY OF THE AUTOS HAVE A LOAN? _____

IF YOU ARE INSURANCE A VAN, IS IT CUSTOMIZED? _____ IS YES, AMOUNT OF CUSTOMIZATION: \$ _____

IF POSSIBLE, PLEASE FORWARD A COPY OF YOUR CURRENT POLICY SO WE CAN QUOTE COMPARABLE COVERAGE.

I HAVE REVIEWED THE INFORAMTION LISTED ON THIS QUESTIONNAIRE AND VERIFY THAT IT IS ACCURATE AS OF THIS DATE. I UNDERSTAND THAT IF ANY OF MY EXPOSURES OR ANY OF MY COVERAGE PREFERENCES CHANGE, IT IS MY RESPONSIBILITY TO NOTIFY RSS AGENCY, INC.