

Auto Insurance Review

Date _____

Personal Information

Current Auto Insurance? Yes ___ No ___ How long continuous? _____

With whom? _____ Lapsed? Yes ___ No ___ When? _____

Name _____ SSN _____ DOB _____ Phone _____

Street address _____ (rent or own) Number in household _____

City _____ State _____ Zip code _____ Garaging _____

Prior address if recently moved _____

Member/Spouse _____ SSN _____ DOB _____

Other household members _____ Ages _____ Excluded _____

Other household members _____ Ages _____ Excluded _____

Other than spouse _____ Ins. in force? Yes ___ No ___ With whom? _____

Vehicle Information

#1 Year _____ Make _____ Model _____ VIN _____

Driven to work? Yes ___ No ___ Days driven for work _____

How far one way? _____ Business / Artisan use? _____

Driver name _____ Married? _____ Occupation _____

How is vehicle titled? _____ DL# _____

#2 Year _____ Make _____ Model _____ VIN _____

Driven to work? Yes ___ No ___ Days driven for work _____

How far one way? _____ Business / Artisan use? _____

Driver name _____ Married? _____ Occupation _____

How is vehicle titled? _____ DL# _____

Coverages

Prior Bodily Injury Limit: 20/40 ___ 50/100 ___ 100/300 ___ 300/300 ___ 300/500 ___ 500/500 ___

Bodily Injury: 20/40 ___ 50/100 ___ 100/300 ___ 300/300 ___ 300/500 ___ 500/500 ___

Uninsured Motorist Limit _____ Underinsured Motorist Limit _____

Limited Property Damage? Yes Personal Property Insurance \$1,000,000 (MI only)

Medical Ins. covering all household members? Yes ___ No ___ With whom? _____

Full Coverage (Optional)

Comprehensive Deductible: \$0 ___ \$50 ___ \$100 ___ \$250 ___ \$500 ___

Collision Deductible: \$100 ___ \$250 ___ \$500 ___ \$1000 ___

Towing? Yes ___ No ___ Limit _____

Rental Reimbursement? Yes ___ No ___ Limit _____

During The Past 5 Years:

A. Has any driver in your household had a traffic violation (other than parking)?

Yes ___ No ___ If yes, provide details.

Driver _____ Conviction date _____

Description: _____

B. Has any driver in your household had an At-Fault accident?

Yes ___ No ___ If yes, provide details.

Driver _____ Date _____ Amt. paid \$ _____

Description: _____

C. Any claims? Yes ___ No ___

of Not-At-Fault accidents _____ # of Comprehensive claims _____ # over \$500? _____

D. Has any driver in your household had their license suspended or revoked? Yes ___ No ___

E. Has any company declined, cancelled or refused to renew insurance for any driver in your household?

Yes ___ No ___

F. Has any driver been convicted of driving while intoxicated or under the influence of drugs? Yes ___ No ___

G. Has any driver been required by any state to file evidence of financial responsibility (SR-22)?

Yes ___ No ___

Discounts

Group name _____

Own home / condo ___ Insured? Yes ___ No ___ With Fremont? Yes ___ No ___

Pay in full? Yes ___ No ___

Insurance score _____