

# 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: 50/100 \_\_\_ 100/300 \_\_\_ 300/300 \_\_\_ 300/500 \_\_\_ 500/500 \_\_\_

Bodily Injury: 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 \_\_\_\_\_