

FAX OR EMAIL QUOTE REQUEST TO:

(704) 862-7222 OR thecardone@bellsouth.net

AUTO QUESTIONNAIRE

DATE: _____

1. DRIVERS: _____
2. MARRIED SINGLE DIVORCED/SEPERATED WIDOWED
3. ADDRESS: _____
4. RENEWAL DATE: _____
5. HOW MUCH ARE YOU CURRENTLY PAYING: _____
6. ACCIDENTS/VIOLATIONS: _____
7. VIN(s): _____

Make/model: _____
8. DRIVER LICENSE #(s): _____, _____, _____, _____
9. DOB(s): _____, _____, _____, _____, _____
10. DATE OF LICENSE(s): _____
11. SSN#(s): _____, _____, _____, _____, _____
12. CURRENT LIABILITY LIMITS: _____ / _____ / _____
10. COMPREHENSIVE DEDUCTIBLE: _____
11. COLLISION DEDUCTIBLE: _____
12. RENTAL CAR: YES / NO
13. TOWING: YES / NO
14. ACCIDENTAL DEATH OR DISMEMBERMENT
15. INEXPERIENCE DRIVERS: Y / N
16. CURRENT INSURANCE COMPANY AND POLICY NUMBER: _____
17. HOME PHONE: _____ CELL PHONE: _____