



Personal Automobile Questionnaire

Please complete all information below in order to receive a valid quote.

Name as it appears on license: _____

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Garage Address: _____

Email Address: _____ Phone #: _____

Alternate Phone #: _____ Own/Rent: _____ UNFCU Member ID #: _____

Date of Birth: _____ Visa Type: _____

Years at Current Address: _____ Do you own or rent? _____

Current Carrier: _____ Expiration Date: _____

DRIVER INFORMATION: (add additional sheet if more than 3 drivers, list all licensed operators in the household)

	Driver #1	Driver #2	Driver #3
Name:			
Male/Female:			
Date of Birth:			
Social Sec #:			
Driver's Lic # & State:			
Age 1st licensed:			
Accidents/Violations:			
Occupation:			
Acc. Prevention Course Date:			
Relationship to Insd:			

VEHICLE INFORMATION: (add additional sheet if more than 3 vehicles)

	Vehicle #1	Vehicle #2	Vehicle #3
Year/Make/Model:			
VIN:			
Current Odometer Reading:			
Cost New USD:			
Date Purchased:			
Pleasure or Commute:			
Annual Milage:			
Financed/Lease:			
Lienholder/LP Name:			
Alarm:			
Anti-Lock Brakes			
Comp/Coll Requested?			
Assigned Driver?			

COVERAGE DESIRED: * Use "S" to indicate standard coverage listed at right or list limit desired

	<u>Standard Coverage</u>
Bodily Injury	\$100,000/300,000 person/accident
Property Damage	\$100,000 each accident
Personal Injury Protection	Med Exp. W/250 Ded, Basic
Uninsured Motorist	\$100,000/300,000 person/accident
Comprehensive	\$500 or \$1,000 Deductible
Collision	\$500 or \$1,000 Deductible
Towing & Labor	\$75 per disablement (optional)
Extended Transportation	50/day max \$1,500 (optional)

Have you had auto insurance previously:

If no, please list why (first car, lived overseas, etc):

Current Carrier:

Expiration Date:

Current coverage limits: