

Auto - Worksheet

Primary Named Insured Information

Name: Address:
 City: State: PA Zip: DOB:
 Years at address: Marital Status Occupation
 Phone: E-mail:
 SS#: License# Licensed Plate #:

Garaging Type: **Select one**

Own Home
 Rent Home
 Own Condo
 Rent Condo
 Apartment

Vehicle Information

List all the vehicles that is on current policy:

	Year	Make & Model	VIN
Auto 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<i>(VIN# is needed for Quote)</i>
Auto 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auto 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>

How much are you paying per month? \$ Current Liability Limits:
 Approximate odometer reading: Vehicle parked on street? YES NO
 Cost of vehicle: \$ # of days driven per week:
 Annual miles driven: One-way miles to work:
 Vehicle purchased new? YES NO If so, date when purchased:

Additional Drivers

Add each driver that is on the current policy or if you want to add a new driver. *(Put N/A if this do not apply)*

Driver	Relation	DOB	Gender	Occupation	SS#	License#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Household Information

Current Insurance Company: Current Exp Date:
 How Long with current company:: Current deductible?

Auto - Worksheet - Continued

Eligibility Questions

Answer "Yes" or "No" for each question below

YES

NO

Were you a licensed driver more than five (5) years?

All drivers held valid US or Canadian license for past 12 months (excluding new drivers under 18)?

Is there (1) major violation or more than (5) incidents per policy in last five (5) years?

Is there (1) major violation or more than (4) incidents per driver in last five (5) years?

Any Personal Automobile claims/incidents in last five (5) years?

Are there any Theft losses in last (3) years?

Are there more than (3) comprehensive towing claims in last (5) years, with more than \$1,000 total paid out?

Any bus or vehicle used as primary residence (i.e., motorhome)?

Did you have standard continuous auto coverage for the last 12 months?

Spouse insured on separate auto policy? (If any)

Ever convicted of vehicular homicide?

Has any operator been convicted of a crime resulting from use of a motor vehicle or been convicted of theft of a motor vehicle?

Any insured drivers have financial responsibility for an uninsured accident (SR-22)?

Any insured drivers have suspended or revoked licenses?

Any vehicle to be used for delivery, hire, taxi, emergency response, used in business by a tradesman, artisan, wholesaler, or retailer?

In last 12 months, have you moved to current state of residence and failed to secure a new driver's license for that state?

Any vehicles previously totaled, salvaged, restored, or reconstructed?

Any drivers with conditions or medication which impairs driving ability?

Insurance policy been cancelled, lapsed or non-renewed within the past (5) Years?

In the past five (5) years, any traffic violations not associated with a claim?

Any Driver training?

Classify as a "Good Student Driver"?

Any vehicles in household insured elsewhere?

Fax completed form to: 267-283-4972 or e-mail it to: Insurance@PhoneOpsInsurance.com