



Sprague Israel Giles INSURANCE

AUTOMOBILE QUESTIONNAIRE

Date: _____

Full Name(s): _____

Home Address: _____ Do You Own or Rent: _____
Street City State ZIP

Day Phone: _____ Home Phone: _____ Email _____

Occupation(s): _____ Marital Status: S M/DP (Circle one)

Current Insurer: _____ How Long With Them? _____ Expiration Date: _____

Vehicle Information:

Car	Year	Make	Model	Loan or Lease?	VIN #	Drive to Work?		Special Equipment (e.g., stereo, wheels, packages)
						Yes or No	Miles 1-Way	
1								
2								
3								
4								
5								

Do any vehicles have pre-existing damage? If so, explain: _____

List All Drivers:

Name	Soc. Sec. #	Date of Birth	M/F	Drivers License #	Car # Assigned To? (See above)	Business Use for This Car?	Good Student?

Current Limits and Deductible(s): _____

Ever had insurance cancelled or declined? Yes / No If yes, explain _____

Any traffic violations in the past 5 years? Yes / No If yes, explain _____

Any accidents (at fault or not) in the past 5 years? Yes / No If yes, explain _____

Return form by fax: (206) 682-4993 or by email to sforster@siginsures.com

Questions? Call Stacie Forster at (206) 957-7056 or by email at sforster@siginsures.com
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