



Sprague Israel Giles INSURANCE

AUTOMOBILE QUESTIONNAIRE

Date: _____ Phone #: (____) _____ E-Mail: _____

Full Name(s): _____

Address: _____ Own / Rent (Please circle one)

Occupation(s): _____

Marital Status: S/ M/ (Circle one)

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

Current Limits and Deductible(s): _____

Vehicle Information:

Car #	YEAR	MAKE	MODEL	VIN #	Loan or Lease?	Drive to Work?	Clean title?
1							
2							
3							
4							
5							

List all drivers in the household:

Name	Date of Birth	Drivers License	Sex	Mi- 1-Way to work	Car #	Business Use?

List any students away at college that is located more than 100 miles from the household: _____

Some carriers offer a good student discount. If a resident driver of the household ages 16-24 is a full time student with a 3.0 or greater GPA, kindly forward a copy of their transcript so that we may include the premium credit in your proposal.

Do any vehicles have pre-existing damage: Yes / No If yes, please provide details: _____

Do any vehicles have aftermarket equipment (ie. wheels, stereo, GPS, video screen, etc...) _____

Ever had insurance cancelled or declined? Yes / No If yes, please provide details: _____

Had any traffic violations during the past 5 years? Yes / No If yes, please provide details: _____

Been involved in any accidents (at fault or not) in the past 5 years? Yes / No If yes, please provide details: _____

Social Security Numbers for all drivers in the household: _____