



# New Auto Questionnaire

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse \_\_\_\_\_

Are you self-employed or own your own business?  YES  NO

Do you own your auto?  YES (Please complete below or attach copy of first page of policy)  NO

Driver's Name	Driver's License No.	Use (Pleasure OR to/from work & # of miles)

Year	Make	Model	Vin	Coverage Wanted
				<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability
				<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability
				<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability

Do you have insurance now?  No  Yes

If yes, company name \_\_\_\_\_ Expiration Date \_\_\_\_\_

What were your prior liability limits?  15/30  25/50  50/100  100/300

Has your insurance been cancelled for non-payment or non-renewal?  Yes  No

If yes, has it been over 30 days?  Yes  No

**→By combining your home and your auto you can save up to 25% on your insurance←**

Do you own rental properties?  Yes  No

Would you be interested in an **UMBRELLA POLICY**?  Yes  No

Are you interested in a quote for **FLOOD INSURANCE**?  Yes  No

Are you interested in a quote for **LIFE INSURANCE**?  Yes  No

**If yes, please complete the following:**

Smoker  Non-Smoker **Amount of Coverage:**  \$250,000  \$500,000  Other \_\_\_\_\_

**Call me:** Best Time \_\_\_\_\_  Home  Work  Cell Phone \_\_\_\_\_

Do you currently have other insurance needs? If we do not currently write all of your insurance, give us the opportunity to be your insurance professional by receiving a comprehensive comparison quote.

**PLEASE FAX COMPLETED FORM TO 732.574.8001 OR E-MAIL [sds@insctrs.com](mailto:sds@insctrs.com)**