

AUTOMOBILE QUESTIONNAIRE

Name: _____

Address: _____

Phone: (home) _____ (work or cell) _____

Residence: Own or Rent Number of Years at current residence: _____

Previous address if less than 3 years: _____

Present Insurance Company: _____

Expiration Date: _____

Current Premium: _____

All Household members: (failure to list all licensed household members may void coverage)

Name	Date of Birth	Marital Status	License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your occupation & the # of years with employer for each driver (include students if applicable):

List any/all accidents/violations/claims including date:

Coverage:

Liability Limits: _____

Uninsured Motorist: _____

Medical/BRB: _____

Comprehensive Deductible: _____ Towing: _____

Collision Deductible: _____ Rental Reimbursement: _____

Vehicles:

Year	Make	Model	VIN#	Use/Mileage each way to work	Plate#

Please indicate which vehicles have ABS, alarms, or any custom parts or equipment:

Loss Payee on each vehicle:

Are any vehicles leased? (Provide company name & address):

Any other vehicles or company cars in the household?

Any license suspended or revoked within the last 5 years?

Any existing damage to vehicles?

Any insurance declined or non-renewed within the last 3 years?

Childcare Providers: Do you provide transportation services to the children in your care? If yes, please describe (distance, frequency, destination...)

**Please complete and return to:
NEIS, Inc., PO Box 63, Weatogue, CT 06089
Phone: (860) 844-8288 Fax: (860) 844-8274**