

# AUTO QUOTE QUESTIONNAIRE

COMPLETE INSURANCE SERVICES – 1717 CASS LAKE RD – KEEGO HARBOR, MI 48320

PH: 248-682-1510 FAX:248-682-1703

Date \_\_\_\_\_ Referred By \_\_\_\_\_

Your Name \_\_\_\_\_ Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Previous Add (if less than 3 yrs) \_\_\_\_\_

Own Home / Rents / Live W/Parents \_\_\_\_\_ Current Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

Expiration date \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

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Driver #1 \_\_\_\_\_ DOB \_\_\_\_\_ Dr. Lic # \_\_\_\_\_

SS# \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs. Emp \_\_\_\_\_

Driver #2 \_\_\_\_\_ DOB \_\_\_\_\_ Dr. Lic # \_\_\_\_\_

SS# \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs. Emp \_\_\_\_\_

Driver #3 \_\_\_\_\_ DOB \_\_\_\_\_ Dr. Lic # \_\_\_\_\_

SS# \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs. Emp \_\_\_\_\_

Driver #4 \_\_\_\_\_ DOB \_\_\_\_\_ Dr. Lic # \_\_\_\_\_

SS# \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Yrs. Emp \_\_\_\_\_

Non-licensed occupants including children: Names and Birthdates

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**Any Violation/Accidents in 3 years Any MAJOR violations in 5 years, (Drugs, DUI, Impaired, etc.)**

Drv # \_\_\_\_\_ Date \_\_\_\_\_ Drv # \_\_\_\_\_ Date \_\_\_\_\_ Drv # \_\_\_\_\_ Date \_\_\_\_\_

Violation \_\_\_\_\_ Viol \_\_\_\_\_ Viol \_\_\_\_\_

Amount of Paid Claim \_\_\_\_\_ Amount of Paid Claim \_\_\_\_\_ Amount of Paid Claim \_\_\_\_\_

Speeding Ticket – Miles Over \_\_\_\_\_ Speeding Ticket – Miles Over \_\_\_\_\_ Speeding Ticket – Miles Over \_\_\_\_\_

Accident details (include 1 car accidents, not-at-fault accidents):

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Health Insurance? What Company \_\_\_\_\_ Covers Auto Accident? \_\_\_\_\_

Disability Insurance? What Company \_\_\_\_\_ Covers Auto Accident? \_\_\_\_\_

Any Group Membership?  Business or Professional Assoc.?/AARP?/MEA? \_\_\_\_\_  
 Credit Union Member - Name of CU \_\_\_\_\_  
 4yr. College Alumni Assoc. - School? \_\_\_\_\_

Veh #1 \_\_\_\_\_ Vin # \_\_\_\_\_ Principal Driver # \_\_\_\_\_  
Pleasure use? \_\_\_\_\_ to work? 1 way mileage \_\_\_\_\_ Used in business? \_\_\_\_\_ How? \_\_\_\_\_  
Comprehensive  Yes  No Ded \_\_\_\_\_ Collision  Yes,  Ded \_\_\_\_\_, Type \_\_\_\_\_  
Towing  Yes  No - Amount \_\_\_\_\_ Rental Reimbursement  Yes,  No - Amount \_\_\_\_\_  
Any Alarm-Describe \_\_\_\_\_  Leased  Purchased

Garaging Location (if Different Address) \_\_\_\_\_

Veh #2 \_\_\_\_\_ Vin # \_\_\_\_\_ Principal Driver # \_\_\_\_\_  
Pleasure Use? \_\_\_\_\_ to work? 1 way mileage \_\_\_\_\_ Used in business? \_\_\_\_\_ How? \_\_\_\_\_  
Comprehensive  Yes  No Ded \_\_\_\_\_ Collision  Yes,  Ded \_\_\_\_\_ Type \_\_\_\_\_  
Towing  Yes  No - Amount \_\_\_\_\_ Rental Reimbursement  Yes,  No - Amount \_\_\_\_\_  
Any Alarm - Describe \_\_\_\_\_  Leased  Purchased

Garaging Location (if Different Address) \_\_\_\_\_

Veh #3 \_\_\_\_\_ Vin # \_\_\_\_\_ Principal Driver # \_\_\_\_\_  
Pleasure Use ? \_\_\_\_\_ to work? 1-way mileage \_\_\_\_\_ Used in business? \_\_\_\_\_ How? \_\_\_\_\_  
Comprehensive  Yes  No Ded \_\_\_\_\_ Collision  Yes,  Ded \_\_\_\_\_ Type \_\_\_\_\_  
Towing  Yes  No - Amount \_\_\_\_\_ Rental Reimbursement  Yes,  No - Amount \_\_\_\_\_  
Any Alarm - Describe \_\_\_\_\_  Leased  Purchased

Garaging Location (if Different Address)

*Use separate sheet for additional vehicles*

**+ A copy of your present policy would be most helpful!!!!**

Limits: What are your current Liability Limits \_\_\_\_\_

Multiple Policy discounts may save you money- Are you interested in estimates for other services?  
Life? \_\_\_ Long-term Care? \_\_\_ Disability Income? \_\_\_ Annuity Products? \_\_\_ Rental Properties? \_\_\_

Home/Condo/Mobilehome or Renters Insurance? \_\_\_ Personal Umbrella (excess liability)? \_\_\_

SPECIAL REMARKS/QUESTIONS YOU MAY HAVE: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_