Auto Insurance Renewal Questionnaire

	_ 1. Does any person not listed on your policy operate any of your vehicles on a regular basis?
	_ 2. Are there any leased or furnished vehicles that are driven on a regular basis?
healthcar	
	_ 6. Do you ever use any of your vehicles to carry passengers for a fee? UBER, LYFT, Etc.?
	_8. Are there any vehicles to be added to or deleted from the policy since the last renewal?
	9. Are any vehicles insured on your policy not titled in your name, or garaged at another residence?
	_10. Is there a lienholder which should be added to, or deleted from, the policy?
vehicle?	
	_ 12. Do you own any motorized vehicles that do not pertain to the service of your premises?
	_ 13. Are there any youthful drivers in the household who are not listed on the policy?
"good stu	_ 14. If there is a youthful driver who is maintaining at least a B average in school, have you checked with us to see if a udent credit" is available through your carrier?
school	

Auto Insurance Renewal Questionnaire 16. Are there any youthful drivers residing at school for whom you are furnishing a vehicle? If the vehicle is listed on this policy, which one is it? 17. Would you consider increasing your physical damage deductibles (comprehensive and collision) to \$500 or \$1,000 to reduce your premium? 18. Are any of your vehicles equipped with an anti-theft device? Anti-lock brakes? Air bag? Automatic breaking technology? 19. Has the usage of any vehicle changed during the past year? For example, has the distance you drive to work decreased or increased? Is any vehicle, formerly used for commuting, now used for pleasure? 20. Do you currently have umbrella (excess liability) coverage? Are you aware of the benefit offered by this very important coverage? For a very reasonable charge, liability limits of \$1 million or more are available and would provide peace of mind in the event of a lawsuit. Would you like a quote? _____ 21. Would you be interested in a quotation for Life, Mortgage Protection, Retirement, or Disability insurance? Name **Birthday** License # I have reviewed the question above. Please call me to discuss the items marked. I am not interested in any additional information at this time.

Phone Number

Best Time to Call

Insured Signature: ______

Date

Insured's Name