

AUTOMOBILE QUESTIONNAIRE

Name: _____ Phone #: _____ Date: _____
 Address: _____ City: _____ Zip Code: _____
 Email: _____
 Occupation _____ Soc. Sec #: _____ Date of Birth: _____
 Marital Status: _____ Driver's License #: _____

Vehicle	Year	Make	Model	Vehicle ID #	Miles Driven to Work	Usage *
1						
2						
3						
4						

**Usage - P=Pleasure B=Business W=Work/Commuting R=Rideshare*

Current Insurance Carrier: _____ Expiration Date: _____

Comprehensive deductible: \$ _____ Collision deductible: \$ _____

Liability Limits needed (circle one) **50/100/50** **100/300/100** **250/500/250**

Collision type (circle one): **Broadened** **Standard** **Limited** **None**

Towing coverage needed? (circle one) **Yes / No**

Rental Reimbursement needed? (circle one) **Yes / No**

Medical Insurer and policy #: _____

Please list all drivers in Household

Name	Date of Birth	Drivers License #	Social Security #	Vehicle # Driven	Occupation
1.					
2.					
3.					
4.					

Any claims in the last 5 years? If so, describe: _____

List any Tickets or Accidents (indicate At-fault or Not-At-Fault) for each driver and dates of each, or mark None:

1. _____
2. _____
3. _____
4. _____

Please return to Szura Insurance Services for your no-obligation Quote!

Call us at 248-651-4487

Fax: 248-651-3751

Email: bhorning@szuraagency.com

Mail: Szura Insurance Services, 109 E. Fourth St., Rochester, MI 48307

Thank you!