

**PFC INSURANCE CENTER
AUTO QUESTIONNAIRE**

Insured Information:

Name: _____
Date of Birth _____
Address: _____
Phone Number _____
E-mail Address _____
Fax Number _____

Current Insurance:

Do you Presently have Auto Insurance ()Yes ()No
Company Name _____
Policy Expiration _____
Annual Premium _____
Have you been cancelled or non-renewed in the past 3 years ()Yes ()No

Coverage's:

Bodily Injury Liability _____
Property Damage Liability _____
Medical Payments _____
UM/UIM Motorist Liability _____
UM/UIM Motorist Property _____
Comprehensive Deductible _____
Collision Deductible _____
Rental Reimbursement _____
Towing & Labor _____

Primary Driver:

Name on Driver's License _____
License # _____ State _____
Gender _____ Marital Status _____
Date of Birth _____
Relationship to applicant _____
Occupation _____ Good Student _____
Driver Training Program _____
Tickets and Accidents (last 5 years) _____

Other Driver 1:

Name on Driver's License _____
License # _____ State _____
Gender _____ Marital Status _____
Date of Birth _____
Relationship to applicant _____
Occupation _____ Good Student _____
Driver Training Program _____
Tickets and Accidents (last 5 years) _____

Other Driver 2:

Name on Driver's License _____
License # _____ State _____
Gender _____ Marital Status _____
Date of Birth _____
Relationship to applicant _____
Occupation _____ Good Student _____
Driver Training Program _____
Tickets and Accidents (last 5 years) _____

Other Driver 3:

Name on Driver's License _____
License # _____ State _____
Gender _____ Marital Status _____
Date of Birth _____
Relationship to applicant _____
Occupation _____ Good Student _____
Driver Training Program _____
Tickets and Accidents (last 5 years) _____

Vehicle Information #1:

Vehicle assigned to _____
Year _____
Make _____
Model _____
VIN _____
License State _____
Registered Owner _____

Vehicle Information #2:

Vehicle assigned to _____
Year _____
Make _____
Model _____
VIN _____
License State _____
Registered Owner _____

Vehicle Information #3:

Vehicle assigned to _____
Year _____
Make _____
Model _____
VIN _____
License State _____
Registered Owner _____

Vehicle Information #4:

Vehicle assigned to _____
Year _____
Make _____
Model _____
VIN _____
License State _____
Registered Owner _____

Motorcycle/ ATV _____
Year _____
Make _____
Model _____
CC _____
Years of Experience _____

Boat _____
Year _____
Make _____
Model _____
CF# _____
Trailer Info _____
Years of Experience _____
Safety Training () YES () NO