

# Suburban Insurance Automobile Quotation Questionnaire

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Garage Location if Different: \_\_\_\_\_ Telephone # \_\_\_\_\_

## Coverage Limits

Bodily Injury \_\_\_\_\_ Property Damage \_\_\_\_\_ Medical Pay \_\_\_\_\_ Uninsured \_\_\_\_\_ Underinsured \_\_\_\_\_ Towing \_\_\_\_\_ Rental \_\_\_\_\_

## Vehicles

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_ Miles 1-way \_\_\_\_\_ Comp Collision \_\_\_\_\_ Usage \_\_\_\_\_ Annual Miles \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

## Drivers

Name \_\_\_\_\_ DOB \_\_\_\_\_ Drivers license # \_\_\_\_\_ Social Security # \_\_\_\_\_ Vehicle Operated \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

## Driving Record

Accidents in the Past 5 \_\_\_\_\_

Years \_\_\_\_\_

Tickets in the past 5 \_\_\_\_\_

Years \_\_\_\_\_

Any License Been Suspended or Revoked \_\_\_\_\_ Any Coverage Denied, Cancelled or non-renewed (3 years) \_\_\_\_\_

Prior Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Premium \_\_\_\_\_