



PERSONAL LINES AUTO RATING WORKSHEET

CLIENT INFORMATION

Today's Date
How did you hear about us?
Name SS# DOB
2nd Insd's Name SS# DOB
Garaging Address City ZIP
**Mailing address if different
Day Time Phone# Email
Employer Occupation
Education Level
HS Jr College Bachelor Masters Doctorate Vocational Some College/No Degree
Marital Status Single Married Divorced Divorce in last year In process of a Divorce

CURRENT COVERAGE

Liability limits Personal Injury Protection
Underinsured Motorist Comprehensive Deductible
Collision Deductible Towing Rental Car coverage
Lien holder
Current Auto Insurance Company # years with this Co.
Is Coverage being cancelled or non-renewed? If yes, why?

UNDERWRITING INFORMATION

Please list all drivers in household
Driver #1 DL # DOB
Driver #2 DL # DOB
Driver #3 DL # DOB
Driver #4 DL # DOB

Any Young drivers Yes No Driver's Training Yes No Grades above 3.0 GPA Yes No
Student away over 100 miles from home Yes No Enrolled Full Time Part Time

Any tickets in the past 3 years?
Any accidents in the past 5 years?
Has license been suspended or revoked in the past 5 yrs?

VEHICLES

Veh#1 - Yr Make Model VIN# Miles to work
Veh#2 - Yr Make Model VIN# Miles to work
Veh#3 - Yr Make Model VIN# Miles to work
Veh#4 - Yr Make Model VIN# Miles to work

Any recreational vehicles or motorcycles?
Any off road vehicles, ATV's, golf carts, etc?

AAA Membership #