

EAGAN INSURANCE AGENCY
AUTOMOBILE INSURANCE QUESTIONNAIRE

PERSONAL INFORMATION

Name: _____
Address: _____ City, State, Zip: _____
If less than 3 years at this address, give prior address:
Address: _____ City, State, Zip: _____
Own or rent home? _____
Home Phone: _____ Work (Mr.) _____ Work (Mrs.) _____
Email: _____
Occupation: _____ (Mr.) _____ (Mrs.) _____
Smoker? _____ Smoker? _____
Highest level of education _____ Highest level of education _____

COVERAGES AND LIMITS

Current Insurance Company: _____ Policy # _____
Expiration Date: _____
How long continuous insurance? _____ How long with current carrier? _____
Current six-month premium: _____ Current annual premium: _____
Is policy being non-renewed? _____ Reason: _____
Current Auto Liability Limits: _____
Current Uninsured Motorists Limits: _____
Medical Payments: _____ UM Property Damage on which vehicle? _____
Do you currently have an accident-free discount on policy: _____
Do you want a quote with the same limits? _____
If different, enter a detailed list of coverages
& limits to quote: _____

VEHICLE INFORMATION

Vehicle #1 (Year, Make, Model): _____
VIN (Serial Number): _____
Principal Operator: _____ Use: _____
Leased or Owned? _____ If to and from work, # of miles one way _____
Comprehensive Deductible: _____ Collision Deductible: _____
Towing _____ Rental Reimbursement _____
ABS _____ Alarm _____ VIN Etching _____ Air Bags _____

Vehicle #2 (Year, Make, Model): _____
VIN (Serial Number): _____
Principal Operator: _____ Use: _____
Leased or Owned? _____ If to and from work, # of miles one way _____
Comprehensive Deductible: _____ Collision Deductible: _____
Towing _____ Rental Reimbursement _____
ABS _____ Alarm _____ VIN Etching _____ Air Bags _____

EAGAN INSURANCE AGENCY AUTOMOBILE INSURANCE QUESTIONNAIRE

VEHICLE INFORMATION (CONTINUED)

Vehicle #3 (Year, Make, Model): _____
 VIN (Serial Number): _____
 Principal Operator: _____ Use: _____
 Leased or Owned? _____ If to and from work, # of miles one way _____
 Comprehensive Deductible: _____ Collision Deductible: _____
 Towing _____ Rental Reimbursement _____
 ABS _____ Alarm _____ VIN Etching _____ Air Bags _____

Vehicle #4 (Year, Make, Model): _____
 VIN (Serial Number): _____
 Principal Operator: _____ Use: _____
 Leased or Owned? _____ If to and from work, # of miles one way _____
 Comprehensive Deductible: _____ Collision Deductible: _____
 Towing _____ Rental Reimbursement _____
 ABS _____ Alarm _____ VIN Etching _____ Air Bags _____

DRIVER INFORMATION

Please list all members of household 14 years or older:

Name	DL#	DOB	SSN	Marital Status	Age 1 st Licensed	Away at school without vehicle? (Explain)	Good Student Discount?

ACCIDENTS OR TICKETS

Accidents or Tickets in last 3-5 years:

Driver Name	Date	Description	Amount Paid

Please attach additional pages if needed.

FOR AGENCY USE ONLY

AE: _____ Date given to Quote Dept.: _____
 Producer: _____ Date quote needed by: _____
 Notes: _____

This application was completed by _____ **and reviewed by** _____

Producer Signature: _____ Date: _____

