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Auto Insurance Review and Update

1. List all autos on your current policy.

| Auto | Year | Make/Model | Drive to Work y/n | Estimated annual mileage | Principal Driver |
|------|------|------------|-------------------|--------------------------|------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

2. List all members of your household including yourself and underage children.

| Name | Sex | Birthday | Social Security Number | Marital Status | Using Auto # | Driver's License Number |
|------|-----|----------|------------------------|----------------|--------------|-------------------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

3. Driver information details.

| Driver | Occupation | Employer | Work Address | Distance to work one way |
|--------|------------|----------|--------------|--------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

- 4.. Are any autos kept at other locations regularly? ___ Which ones? ___ Where? ___
- 5. Any autos used in a car pool? ___ Which one? ___ How often? ___
- 6. Any autos in household not insured by the same company? _____
- 7. Have any drivers received traffic tickets in the past 3 years? ___ List driver, violation and date.
- 8. Home telephone number _____ email address _____
- 9. Current complete mailing address (no P O Box only). _____

Date _____ Your Signature _____