

Auto Prospect Questionnaire

Name: _____

Address: _____

Same as Garaging Address: Yes / No Garaging Address: _____

Phone Numbers: Home _____ Work _____ Cell/Pager _____ Fax _____

DRIVERS:

	<u>Name</u>	<u>DOB</u>	<u>Driver's License#</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

VEHICLES:

	<u>Year</u>	<u>Make/Model</u>	<u>VIN#</u>	<u>Primary Driver</u>	<u>Vehicle Usage</u>	<u>Annual Miles</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

COVERAGES:

Liability Limit (split or csl?) _____

Comp/Coll/Ded? _____

Uninsured Motorist Limit? _____

Med Pay Limit? _____ Towing, Rental Reimb? _____

Alarms, discounts? _____

Current Carrier: _____ Premium?: _____

Coverages: _____

Prior Losses? _____

Renewal Date: _____

Quote Needed by: _____

[Minto & Wilkie Insurance Agency](#)