Automobile Questionnaire

Fisher Insurance Agency 59 Florence St., Clawson, MI 48017 -- Phone: 586-979-1330 -- Fax: 248-588-5254

Name _____ Phone _____ Email _____

Address _____

How long? _____ Prior address if less than 1yr _____

DOB _____Occupation_____ Employer _____

Spouse Name _____ DOB _____ Occupation _____

Employer _____ Memberships or Credit Unions? _____

_____

DESCRIPTION OF AUTOMOBILES:

VEH #1 Year _____ Make _____ Model _____ VIN # _____
Annual Mileage _____ Commute? _____ Miles one way _____ □ Leased □ Financed □ Owned
□ Full Coverage Title Holder _____

VEH #2 Year _____ Make _____ Model _____ VIN # _____
Annual Mileage _____ Commute? _____ Miles one way _____ □ Leased □ Financed □ Owned
□ Full Coverage? Title Holder _____

VEH #3 Year _____ Make _____ Model _____ VIN # _____
Annual Mileage _____ Commute? _____ Miles one way _____ □ Leased □ Financed □ Owned
□ Full Coverage? Title Holder _____

VEH #4 Year _____ Make _____ Model _____ VIN # _____
Annual Mileage _____ Commute? _____ Miles one way _____ □ Leased □ Financed □ Owned
□ Full Coverage? Title Holder _____

_____

OPERATORS:

Name_____ DOB _____ License # _____

Name _____ DOB _____ License # _____

Name _____ DOB _____ License # _____

Name _____ DOB _____ License # _____

_____

CURRENT COVERAGE

Present Insurance Carrier _____ How long? _____ Exp Date _____

Bodily Injury Liability Limit _____ Uninsured/Underinsured Motorist _____

Comprehensive Deductible _____ Collision Deductible _____ Rental Car? _____ Roadside Service? _____

Type of health insurance _____ □ Employer □ Obamacare □ Medicare or Medicaid □ None

Total household members (whether licensed or not) _____

Is everyone in the household covered on the same health insurance plan? _____

TICKETS OR ACCIDENTS IN THE LAST FEW YEARS?

Driver _____ Description _____ Date _____

Driver _____ Description _____ Date _____