AUTO INSURANCE QUOTE QUESTIONNAIRE

Please write clearly and fax, mail or email to our office when completed. Thank you. Finestone Insurance - Paul Finestone 15335 Morrison Street, Suite 367 Sherman Oaks, CA 91403 tel. 747-233-4807; fax 747-233-4803; CA License #0748510 Date Completed ______

Primary Insured Name:	Home Phone:	
Home Address:	Work Number:	
	Email Address:	
Garaging Address:	Occupation:	
	Own or Rent your home?:	
Date of Birth:	Social Security Number:	
Spouse Name:		
Address (if different than above):	Alt Phone (i.e. cell)	
	Email Address:	
Garaging Address (if different):	Occupation:	
	Social Security Number:	
Spouse Date of Birth:	Spouse Work Number	
Current Auto Insurance Company:	Renewal Date:	
6 Month or 12 Month Term?	Any Lapse in Coverage?	

Other Household Members	Relationship	Date of Birth	Gender	Social Security #

All Drivers living in house:

1.Name (as it appears on license)	License #	Years Driving Experience
2.Name (as it appears on license)	License #	Years Driving Experience
3.Name (as it appears on license)	License #	Years Driving Experience
4.Name (as it appears on license)	License #	Years Driving Experience

Any accidents in last 3 years? Y or N
If no, any accidents in last 6 years? Y or N
Any minor moving violations (tickets) in last 3 years? Y or N
If no, any moving violations in last 6 years? Y or N
Any major violations (2 points) in last 3 years? Y or N
If no, any major violations in last 6 years? Y or N
Please explain any Yes answers below Include dates what happened type of violation. Be as specific as possible and include

Please explain any Yes answers below. Include dates, what happened, type of violation. Be as specific as possible and include whether you were at fault if it was an accident.

Driver #	 	 	
Driver #	 	 	
Driver #	 	 	
Driver # Driver #	 	 	
Driver #	 	 	
Driver #	 	 	

Vehicles: (please list vehicles to coorespond with drivers. Driver 1 primarily drives Vehicle #1 and so on.

	Year	Make	Model	Trimline (EX, LX, DX)	Odometer Reading	Primary Driver	Used for Business (Yes or No)
1							
2							
3							
4							

Vehicles: (please list vehicles to coorespond with drivers. Driver 1 primarily drives Vehicle #1 and so on.

	VIN Number	Owned or Leased	Annual Miles	Miles to Work one way	# of days driven to work per week	# of weeks driven to work per month
1						
2						
3						
4						

Any non standard (non factory) installed rims or other enhancements or special paint jobs?	Y or N
If yes, please describe:	

Do any cars have anti-lock brakes on all 4 wheels? which cars? 1____ 2___ 3___ 4___

Do any cars have air-bags?	which cars?	1	2	3	4

Do any drivers under 25yrs have a "B" average with full time school units? _____driver (s)______

Have any drivers taken a Senior Defensive Driving Course? Driver(s)

Do any cars have a lowjack or Onstar? (Yes or No) _____ If yes, which one(s)? 1___ 2__ 3__ 4___

COVERAGES LIMITS:

Bodily Injury Liability (Per Person/Per Accident)	Property Damage
Uninsured Motorist Liability (Per Person/Per Accident)	Medical Payments
Comprehensive (Other than Collision) Deductible	Collision Deductible
Towing/Road Assistance (yes or no)	
Rental Car Reimbursement (yes or no) if yes, how much per da	ay? how much per incident?

AAA Member? Yes or No _____

If you have a copy of your declarations page(s) outlining your current coverage, please include when submitting to our office.

Additional Notes: