



Automobile Quote Questionnaire

About You:

Name of Person Requesting Quote: _____

Your Mailing Address: _____

Address Where Cars are Located: _____
(If Different than Mailing)

E-Mail: _____ Phone #: _____

How Many Cars are in Your Household? _____ How Many Licensed Drivers in Your Household? _____

How Would You Like to Receive Your Quote: PHONE CALL E-MAIL TEXT

How Did You Hear About Stanhope Simpson? _____

Your Insurance History:

Current Insurance Company: _____ Renewal Date: _____

How Long Have You Been with Your Current Company? _____ Years

How Long Have You Been Continuously Insured? _____ Years

Has Your Auto Policy Been Cancelled for Non-Payment in the Past Six Years? NO YES

If "Yes" How Long Ago? _____

Your Cars:

Vehicle One:

Year, Make, Model (and Serial # if Available): _____

Whose Name is This Car Registered? _____

Who Drives This Car Most of the Time? _____

Is This Car Driven To and From Work or School (Same Destination Each Day)? NO YES

If You Answered "Yes" to the Above Question, How Far is it One Way? _____ KMs

Is This Car Driven for Business Purposes (e.g. Meetings, Visiting Clients, Deliveries)? NO YES

If You Answered "Yes" to the Above Question, How Many Business KMs/Year? _____ KMs

How Many Total Kilometres is this Car Driven in One Year? _____ KMS

Do You Require Collision, Comprehensive, or Specified Perils Coverage* on This Car? NO YES

If "YES", Please Indicate What Deductible You Would Like:

COLLISION \$ _____ COMPREHENSIVE \$ _____ SPECIFIED PERILS \$ _____

Vehicle Two:

Year, Make, Model (and Serial # if Available): _____

Whose Name is This Car Registered? _____

Who Drives This Car Most of the Time? _____

Is This Car Driven To and From Work or School (Same Destination Each Day)? NO YES

If You Answered "Yes" to the Above Question, How Far is it One Way? _____ KMs

Is This Car Driven for Business Purposes (e.g. Meetings, Visiting Clients, Deliveries)? NO YES

If You Answered "Yes" to the Above Question, How Many Business KMs/Year? _____ KMs

How Many Total Kilometres is this Car Driven in One Year? _____ KMS

Do You Require Collision, Comprehensive, or Specified Perils Coverage* on This Car? NO YES

If "YES", Please Circle and Indicate What Deductible You Would Like:

COLLISION \$ _____ COMPREHENSIVE \$ _____ SPECIFIED PERILS \$ _____

Your Drivers:

Driver One:

Name & Master Number (on License): _____

Date of Birth: _____ Occupation (could qualify for discounts): _____

What Year & Month Did You Obtain Your License (Pass Your Road Test)? _____

Do You Having a Driver Training Course? NO YES

If "YES" What Year & Month Obtained: _____

Has Your License Ever Been Suspended or Lapsed? NO YES

If "YES" Please Detail When, for How Long, and for What Reason: _____

Have You Had Any Convictions or Moving Violations in the Past Six Years? NO YES

If "YES" Please Detail Type and When Occurred: _____

Have You Had Any Claims or Accidents in the Past Six Years? NO YES

If "YES" Please Detail What Happened and When Occurred: _____

Driver Two:

Name & Master Number (on License): _____

Date of Birth: _____ Occupation (could qualify for discounts): _____

What Year & Month Did You Obtain Your License (Pass Your Road Test)? _____

Do You Having a Driver Training Course? NO YES

If "YES" What Year and Month Obtained: _____

Has Your License Ever Been Suspended or Lapsed? NO YES

If "YES" Please Detail When, for How Long, and for What Reason: _____

Have You Had Any Convictions or Moving Violations in the Past Six Years? NO YES

If "YES" Please Detail Type and When Occurred: _____

Have You Had Any Claims or Accidents in the Past Six Years? NO YES

If "YES" Please Detail What Happened and When Occurred: _____

Driver Three:

Name & Master Number (on License): _____

Date of Birth: _____ Occupation (could qualify for discounts): _____

What Year & Month Did You Obtain Your License (Pass Your Road Test)? _____

Do You Having a Driver Training Course? NO YES

If "YES" What Year & Month Obtained: _____

Has Your License Ever Been Suspended or Lapsed? NO YES

If "YES" Please Detail When, for How Long, and for What Reason: _____

Have You Had Any Convictions or Moving Violations in the Past Six Years? NO YES

If "YES" Please Detail Type and When Occurred: _____

Have You Had Any Claims or Accidents in the Past Six Years? NO YES

If "YES" Please Detail What Happened and When Occurred: _____

The Fine Print:

* Description of Your Options for Physical Damage Coverage: Specified Perils: Covers the automobile against loss or damage caused by certain specific perils. They are fire, theft, lightning, windstorm, hail, earthquake, explosion, riot, falling aircraft, rising water, or an accident to a vehicle or boat on which the automobile is being transported. Comprehensive: Covers the automobile against loss or damage caused other than by Collision or Upset. The coverage is not confined to specific hazards and is therefore broader in scope than the alternative coverage - Specified Perils. Collision or Upset: Covers damage caused by collision by another car, another object, or by upset.

In conjunction with the insurance coverages noted above, additional coverage extensions may also be available to enhance your protection. Your personal insurance professional at Stanhope Simpson will discuss available options with you when reviewing your quotation. However, if there are items you specifically wish to have included in your quotation, please feel free to note on this form.

The applicant acknowledges: (1) all of the information provided on this form is true to the best of my knowledge as each question's answer may impact premium calculation; and (2) reports containing personal, credit, factual, investigative, insurance, or driver information may be sought in connection with the preparation of the insurance quote I am hereby requesting.

Thank you for considering Stanhope Simpson. We are proud to be a local, independent insurance broker!