



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 People Have Driver's Licenses 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

Have 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 Vehicles:

Vehicle One:

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

In Who's Name is This Car Registered?: _____

Who Drives This Car Most of the Time?: _____

Did you Buy/Lease this Vehicle New? **NO** **YES** Month & Year Purchased _____

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

How Many Days a Week Do You Commute? _____ Days

Is This Car Used for deliveries (Skip The Dishes, DoorDash, etc.)? **NO** **YES**

Is This Car Driven for Business Purposes (e.g. Meetings, Visiting Clients)?: **NO YES**
 If You Answered "Yes" to the Above Question, How Many Business KMs/Year?: _____ KMs
 Do You Carpool or Carry People in Your Vehicle for Your Employment? **NO YES**
 How Many Total Kilometres are Typically Put on this Car 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): _____
 In Who's 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
 How Many Days a Week Do You Commute? _____
 Is This Car Used for deliveries (Skip The Dishes, DoorDash, etc.)? **NO YES**
 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
 Do You Carpool or Carry People in Your Vehicle for Your Employment? **NO YES**
 How Many Total Kilometres are Typically Put on this Car in One Year?: _____ KMS
 Did You Buy/Lease this Vehicle New? **NO YES** Month & Year Acquired _____
 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 \$ _____

Your Drivers:

Driver One:

Name & Master Number (on License): _____
 What is Your Date of Birth?: _____
 What is Your Occupation (Certain Occupations Have Discounts)?: _____

What Year and 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 Two: (if applicable)

Name & Master Number (on License): _____

What is Your Date of Birth?: _____

What is Your Occupation (Certain Occupations Have Discounts)?: _____

What Year and 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: (if applicable)

Name & Master Number (on License): _____

What is Your Date of Birth?: _____

What is Your Occupation (Certain Occupations Have Discounts)?: _____

What Year and 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: _____

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.

By submitting this information, the client acknowledges:

- (1) All of the information provided on this form is true to the best of my/our knowledge (as each quotation is prepared based on the information provided by the applicant, thus any question's answer may impact premium calculation; and
- (2) Reports containing personal, factual, investigative, or previous insurance information may be sought in connection with the preparation of the insurance quote I am hereby requesting.

Signature: _____ Date: _____

Credit Scoring:

Some insurance companies offer additional premium reduction based exclusively on an applicant's overall credit score. The amount of the premium reduction can vary depending on your actual credit score, but it is possible to qualify for premium savings of up to 10% in addition to all other credits that would normally be applied.

Note: If used, the credit check does not have negative consequences for your ongoing credit reporting/scoring, and no credit report information is provided to Stanhope Simpson Insurance.

If you are interested in using credit scoring to potentially qualify for additional premium savings, please indicate below.

Yes: _____ No: _____

Signature: _____ Date: _____

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