



# THE EGIS GROUP

Personal Automobile Supplemental Questionnaire

## Applicant Information

|                        |                |       |
|------------------------|----------------|-------|
| Client Name:           |                | Date: |
| Mailing Address:       |                |       |
| Phone:                 | Email:         |       |
| Best time to call you: |                |       |
| Date(s) of Birth:      | Occupation(s): |       |

## Vehicle Information

| # | Year | Make | Model | VIN # | Use:<br>Pleasure, T&F<br>Work, Business | T&F Work<br>Miles<br>Each Way |
|---|------|------|-------|-------|---|-------------------------------|
| 1 |      |      |       |       |   |                               |
| 2 |      |      |       |       |   |                               |
| 3 |      |      |       |       |   |                               |
| 4 |      |      |       |       |   |                               |

## Additional Vehicle Information

| Veh # | Lease, Purchase, Financed | Approx Annual Mileage driven | Vehicle modified with special equipment (Y/N) |
|-------|---------------------------|------------------------------|---|
| 1     |                           |                              |   |
| 2     |                           |                              |   |
| 3     |                           |                              |   |
| 4     |                           |                              |   |

## Driver(s) Information

| # | Name | DOB | Sex | Marital<br>Status | Drivers License Number/State | Credits:<br>Driver Training,<br>Good Student,<br>Away at school |
|---|------|-----|-----|-------------------|------------------------------|---|
| 1 |      |     |     |                   |                              |   |
| 2 |      |     |     |                   |                              |   |
| 3 |      |     |     |                   |                              |   |
| 4 |      |     |     |                   |                              |   |
| 5 |      |     |     |                   |                              |   |

## Driver Assigned to Which Vehicle

| Vehicle # | Driver Name | Percent of use |
|-----------|-------------|----------------|
| 1         |             |                |
| 2         |             |                |
| 3         |             |                |
| 4         |             |                |
| 5         |             |                |



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## Driving Record For All Drivers

In the last 5 years, has any driver had any accidents (regardless of fault), traffic violations or other losses?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please provide full details below:

| Driver # | Date of Violation | Full Description |
|----------|-------------------|------------------|
|          |                   |                  |
|          |                   |                  |
|          |                   |                  |

## Underwriting Questions

- Do you currently have insurance? YES \_\_\_ NO \_\_\_  
If YES, current insurance company \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_
- Is there any other automobile insurance in the household? YES \_\_\_ NO \_\_\_  
If YES, please explain \_\_\_\_\_
- Have you ever been cancelled for any reason with an insurance company in the past 3 years? YES \_\_\_ NO \_\_\_  
If YES, please explain \_\_\_\_\_
- Does any driver have a Physical Impairment? YES \_\_\_ NO \_\_\_  
If YES, please explain \_\_\_\_\_
- Any Financial Responsibility filing required (SR22, etc)? YES \_\_\_ NO \_\_\_  
If YES, please explain \_\_\_\_\_
- Has any applicant or driver had a Foreclosure, Repossession, Bankruptcy, Judgement or Lien in the last 5 years?  
YES \_\_\_ NO \_\_\_ If YES, please explain \_\_\_\_\_
- Has any driver's license been suspended or revoked in the last 5 years? YES \_\_\_ NO \_\_\_  
If YES, please explain \_\_\_\_\_
- Is there any existing damage to any vehicle listed above? YES \_\_\_ NO \_\_\_  
If YES, please explain \_\_\_\_\_
- Is the garaging location for any vehicle listed different than the address shown above? YES \_\_\_ NO \_\_\_  
If YES, please explain \_\_\_\_\_
- Is your current residence owned or rented? \_\_\_\_\_
- Is any household member in the Military? YES \_\_\_ NO \_\_\_  
If YES, please explain \_\_\_\_\_
- Applicant's Employer \_\_\_\_\_
- Co-applicant's Employer \_\_\_\_\_