

INSIGHT AGENCY AUTOMOBILE QUOTE QUESTIONNAIRE

Auto - Applicant information:

Current InsuranceCo:	
Insured name:	
Mailing address:	
Home phone:	
Work phone:	

Auto - Driver information:

Name:	
Date of birth:	
Original license:	
License number and state:	
Marital status:	
Relation to applicant:	
Current employment:	months
Fulltime employment:	months
State resident:	months
Continuously insured:	months
Residence is:	owned/rented
Residence type:	home/condo/apartment/mobile home

Auto - Exposure:

Garaging ZIP code:	
VIN:	
Vehicle use:	Commute 3-14/Commute 15+/Pleasure/Business/Farm
Days per week:	
Miles one way:	
Annual miles:	
Air bags:	None/Driver only/Driver and Passenger
Automatic belts:	y or n
Antilock brakes:	y or n
Antitheft devices:	Alarm/Active/Passive
Recovery device:	y or n
Driver assignment:	

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Driver assignment:	

ALLIED HOMEOWNERS APPLICATION QUESTIONS

Auto Information:

Odometer:	
Auto registration in your name:	y or n
Any vehicle damage:	y or n
Autos in household that we do not insure?:	y or n

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Any vehicle damage:	y or n
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Additional information:

At current address since:	mmyyyy
Present insurance company:	
Expiration date of present insurance:	
Years with company:	
Has coverage lapsed in the last 36 months?:	
Other insurance with Allied?:	y or n
Any babysitting for a fee in the home?:	y or n
Time at former home:	years

Additional driver information:

Ever revoked or suspended:	y or n
Convicted of DWI or drugs at any time:	y or n
Felonies, drunk and disorderly, drugs/narcotics:	y or n
Job description or title:	
Employer and address:	

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Premium/Payment Information:

How should this be billed?:	Direct to insured
How is payment being processed?:	Money submitted with application
Customer paying by check or cash?:	Check
Check number if Customer is paying by check:	9999
How many years has agent known applicant?:	Years
Previously insured through your agency?:	y or n
Coverage bound?:	y or n