

**AUTO WORKSHEET**

**Date:** **Source of Lead**: **Reason For Quote**

**Driver #1**

Name: Phone #:

Address: City: NY Zip:

D.O.B.: / / SS#: - - LIC#:

Occupation:

Employer & Address:

Accidents & Violations Past 3 years:

Driver Training: Y/N Good Student: Y/N Def. Dr.: / / Years Lic: \_\_\_\_\_\_\_\_

**Driver #2**

Name: Phone #:

Address: City: NY Zip:

D.O.B.: / / SS#: - - LIC#:

Occupation:

Employer & Address:

Accidents & Violations Past 3 years:

Driver Training: Y/N Good Student: Y/N Def. Dr.: / / Years Lic: \_\_\_\_\_\_\_\_

**Driver #3**

Name: Phone #:

Address: City: NY Zip:

D.O.B.: / / SS#: - - LIC#:

Occupation:

Employer & Address:

Accidents & Violations Past 3 years:

Driver Training: Y/N Good Student: Y/N Def. Dr.: / / Years Lic: \_\_\_\_\_\_\_\_

**Vehicle #1:**

Year: Make: Model:

Registered to: Odometer:

IN #: Discounts:

Operator: Usage: To Work; # Miles Pleasure or Business

Date of Purchase: / / New or Used Loan or Lease

**Vehicle #2:**

Year: Make: Model:

Registered to: Odometer:

VIN#: Discounts:

Operator: Usage: To Work; # Miles Pleasure or Business

Date of Purchase: / / New or Used Loan or Lease

**Vehicle #3:**

New or Used Loan or Lease

Year: Make: Model:

Registered to: Odometer:

VIN#: Discounts:

Operator: Usage: To Work; # Miles Pleasure or Business

Date of Purchase: / / New or Used Loan or Lease

**Prior Insurance:**

Company: Dates: / / to / /

Policy #: Current Liability Limit:

**Coverage:**

Liability: UM: PIP: OBEL: Y/N Med Pay:

Vehicle #: Collision: Comp: FG: Y/N Tow: RR:

Claims past 5 years (comp., glass, etc.):

**Homeowners:**

Years At Current Address: Own/Rent/Live with Parents

Former Address: (if less than 3 yrs.)

Homeowners Co.: X-Date: