IMG
Insurance Management Group

Auto Insurance Questionnaire

Referred By

Name Insured (Primary) SSN

Name Insured (Secondary) SSN

Email Telephone

Home Address

City State Zip Code

Household Members

Name	Gender	D.O.B.	Drivers License Number	Occupation

Vehicles

Driver Name VIN Mi. to Work

Make/Model Year Loan Liability Only

Driver Name VIN Mi. to Work

Make/Model Year Loan Liability Only

Driver Name VIN Mi. to Work

Make/Model Year Loan Liability Only

Driver Name VIN Mi. to Work

Make/Model Year Loan Liability Only

Accidents or Violations in The Past Five Years

Date	Description	Driver	Amount Paid	At Fault

Current Limits

Bodily Injury		Property Damage			
UM/UIM		UM/UIM Property Damage			
Rental Reimbursement		Towing		Med Pay	
Comprehensive Deductible		Collision Deductible			

Payment Plan Options

- ☐ Annual
- ☐ Semi-Annual
- ☐ Quarterly
- ☐ Monthly

Willing to pay via EFT (Automatic bank withdraw)

- ☐ YES
- ☐ NO

Notes