



Personal Auto Insurance Questionnaire

Please answer all of the questions with the information requested to best help us arrive at an accurate auto insurance quote.

Upon completion of this questionnaire, please send it to us so that we can provide you with a quote or update your current policy as appropriate.

Please feel free to drop off the completed questionnaire or mail it to us at:

**145 N Main Street
PO Box 7
Monticello, WI 53570**

Or you can fax it to us at:
(608) 938-1088

Or you can email it to us at:
Info@Tri-Insure.com

If you have any questions or if you need any assistance, please call us at:

**(608) 938-4317 or
(877) 938-4317 toll-free**

APPLICANT(S) INFORMATION

Applicant #1

Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Social Security #

Date of Birth:

Driver License #

Applicant #2

Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Social Security #

Date of Birth:

Driver License #

GARAGING LOCATION (if different than above)

Address:

City:

State:

Zip:

Residence:

Owned

Rented

EMPLOYER INFORMATION

Applicant #1

Employer's Name:

Address:

Number of Years Employed:

Applicant #2

Employer's Name:

Address:

Number of Years Employed:

Please list all additional household members, even non-licensed or drivers with insurance elsewhere:

Full Name	Relationship to Applicant	Date of Birth	Driver License #

Please explain any Moving Violations, License Suspensions, Accidents (even not-at-fault) and/or Claims in the last 5 years:

Incident	Driver	Date of Incident	Amount Paid	At Fault?
			\$	
			\$	
			\$	
			\$	
			\$	

Please list all vehicles and usage for each:

Year	Make	Model	VIN	Usage	Mileage
				<input type="checkbox"/> Business <input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Farm	_____ to work _____ annual
				<input type="checkbox"/> Business <input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Farm	_____ to work _____ annual
				<input type="checkbox"/> Business <input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Farm	_____ to work _____ annual
				<input type="checkbox"/> Business <input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Farm	_____ to work _____ annual
				<input type="checkbox"/> Business <input type="checkbox"/> Pleasure <input type="checkbox"/> Commute <input type="checkbox"/> Farm	_____ to work _____ annual

Coverage Limits Requested:

Liability (per person): \$50,000 \$100,000 \$250,000 \$500,000 Other _____
 Liability (per occurrence): \$100,000 \$300,000 \$500,000 \$1,000,000 Other _____
 Property Damage Liability: \$15,000 \$25,000 \$50,000 \$100,000 Other _____
 Uninsured/Underinsured Motorist: \$100,000/\$300,000 \$250,000/\$500,000 Other _____
 Medical Payments: \$10,000 \$25,000 Rejected Other _____
 Comprehensive Deductible: \$100 \$250 \$500 Other _____
 Which vehicles? _____
 Collision Deductible: \$250 \$500 \$1000 Other _____
 Which vehicles? _____
 Other coverages (towing, rental reimbursement, etc.): _____

ADDITIONAL INFORMATION:

How did you hear about our agency?

Word of Mouth Referral Advertising/Web Site Other

We offer a full line of insurance products. Are you interested in talking to us about any of the following?

Homeowners Insurance Life Insurance Business Insurance
 Flood Insurance Personal Umbrella Coverage Commercial Umbrella
 Other _____

Signature: _____ Date: _____