



**AUTO QUOTE QUESTIONNAIRE**

Please complete the following questionnaire as completely and accurately as possible. Failure to answer any of these questions completely and accurately may not allow us to give you a correct quote.

What is your name?

What is your complete home address?

What is your occupation?

What is your home phone number?

What is your work phone number?

What is your e-mail address?

How did you hear about us?

Do you currently have auto insurance?

Who is your auto insurance with?

When does the policy expire?

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**Driver #1Name**

What is your date of birth?

Are you single or married?

How long have you had a California Drivers License?

How long have you had continuous insurance without a lapse?

Have you had any moving violations the last 3 years?

If yes, please list the dates of each violation and what each one was for:

Have you had any accidents or claims the last 5 years regardless of fault?

If yes, please list the dates of each accident, whether it was your fault or not, and if there were any injuries:

Have you had any major violations like DUI, wreckless driving, speed contest, etc.?

If yes, please provide the dates of each violation and what each one was for:

**NORTH HOLLYWOOD MAIN OFFICE**  
5200 LANKERSHIM BLVD., #300  
NORTH HOLLYWOOD, CA 91601  
818.508.9925 • FAX 818.508.4907  
[WWW.SHEPARDINSURANCE.COM](http://WWW.SHEPARDINSURANCE.COM)

**SANTA CLARITA**  
28005 SMYTH DR., #140  
VALENCIA, CA 91355  
661.295.4624 • FAX 661.295.4628

**SAN DIEGO**  
760.643.2355 • FAX 760.643.1178  
LICENSE # 0716376



Driver #2 (if applicable) Name

What is your date of birth?

Are you single or married?

How long have you had a California Drivers License?

How long have you had continuous insurance without a lapse?

Have you had any moving violations the last 3 years?

If yes, please list the dates of each violation and what each one was for:

Have you had any accidents or claims the last 5 years regardless of fault?

If yes, please list the dates of each accident, whether it was your fault or not, and if there were any injuries:

Have you had any major violations like DUI, wreckless driving, speed contest, etc.?

If yes, please provide the dates of each violation and what each one was for:

Driver #3 (if applicable) Name

What is your date of birth?

Are you single or married?

How long have you had a California Drivers License?

How long have you had continuous insurance without a lapse?

Have you had any moving violations the last 3 years?

If yes, please list the dates of each violation and what each one was for:

Have you had any accidents or claims the last 5 years regardless of fault?

If yes, please list the dates of each accident, whether it was your fault or not, and if there were any injuries:

Have you had any major violations like DUI, wreckless driving, speed contest, etc.?

If yes, please provide the dates of each violation and what each one was for:

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Vehicle #1

Year:

Make:

Model:

VIN:

What do you use the vehicle for commute, pleasure, or business?

If commute how many miles one way is it to work or school for this vehicle?

What is the annual mileage for the vehicle?

Is there any non factory equipment on the vehicle you wish to insure?

What is the total value of the non-factory equipment?

Is this vehicle locked in a garage?

Is it a private home garage or an apartment garage?

Is there an alarm or lojack on the vehicle?

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Vehicle #2 (if applicable)

Year:

Make:

Model:

VIN:

What do you use the vehicle for commute, pleasure, or business?

If commute how many miles one way is it to work or school for this vehicle?

What is the annual mileage for the vehicle?

Is there any non factory equipment on the vehicle you wish to insure?

What is the total value of the non-factory equipment?

Is this vehicle locked in a garage?

Is it a private home garage or an apartment garage?

Is there an alarm or lojack on the vehicle?

Vehicle #3 (if applicable)

Year:

Make:

Model:

VIN:

What do you use the vehicle for commute, pleasure, or business?

If commute how many miles one way is it to work or school for this vehicle?

What is the annual mileage for the vehicle?

Is there any non factory equipment on the vehicle you wish to insure?

What is the total value of the non-factory equipment?

Is this vehicle locked in a garage?

Is it a private home garage or an apartment garage?

Is there an alarm or lojack on the vehicle?

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What kind of coverage would you like?

Bodily Injury Liability:

Property Damage Liability:

Uninsured Motorist:

Medical Expense:

Deductibles on Comp and Collision:

Do you want Towing?

Do you want Rental Reimbursement?

Do you have roadside assistance like AAA?

Are the driver(s) non-smokers?

Is the vehicle(s) leased?

How would you like us to send you this quote (mail, fax, e-mail)?

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