

Auto Client Information Worksheet

Renewal Date: _____



Personal Information:

Primary Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

License # _____ DOB ____/____/____ Email: _____

Phone (C) _____ (W) _____ (Other) _____

Additional Driver Information:

| Driver Name | HH Relation | DOB | Gender | License # | Phone Number |
|-------------|-------------|-----|--------|-----------|--------------|
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Household Information (FORE):

How long have you lived in the area? _____ Own/Rent? Like Most? _____

What do you and your spouse do for a living? _____

Why are you shopping? What don't you like? _____

What do you enjoy doing for fun? _____

What is your household annual income Range? Net Worth? \$ _____

Outside of Work/Group Life, where's your life insurance? _____

Current Carrier Information:

Name: _____ Premium: \$ _____ Liability Limits: _____

How do you pay your current premiums? Monthly EFT or Every Six Months

Discounts:

Home _____ Rent _____ Mobile Home _____ Motorhome/Tvl Tr _____ Boat/Watercraft _____

Motorcycle _____ Good Student _____ Defensive Driver _____ Paperless _____

Umbrella _____ Life _____

Vehicles:

| Year | Make | Model | VIN # | Driver |
|------|------|-------|-------|--------|
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Notes:
