

**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 |
|-------------|-------------|-----|--------|-----------|--------------|
|             |             |     |        |           |              |
|             |             |     |        |           |              |
|             |             |     |        |           |              |
|             |             |     |        |           |              |
|             |             |     |        |           |              |

**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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