



# INSURANCE SERVICES, INC.

1132 Huntington Drive Duarte, CA 91010  
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## **PERSONAL AUTO INSURANCE QUESTIONNAIRE**

<b>Agent:</b>	<b>Car No. 1</b>	<b>Car No. 2</b>
Name Of Insured		
Home Telephone No.		
Vehicle Identification No. (VIN)		
Year / Model Of Car		
Specific Description of the Vehicle (XL,DX,GT,SL, etc.)		
Current Odometer Reading		

Date Of Birth				
Driver's License No.				
Social Security No.				
Marital Status	married <input type="checkbox"/>	single <input type="checkbox"/>	married <input type="checkbox"/>	single <input type="checkbox"/>
Garaging Address				
Mailing Address				

Occupation Or Job Title		
Work Address		
Work Telephone No.		

Years / Driving Experience / CA				
Years / Driving (Other Country)				
Any Tickets/Accidents For Past 3 Years?				
Any Tickets/Accidents For Past 6 Years?				
4-Wheel Anti-Lock Brakes (ABS)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Air Bag (Passive Restraint)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

Any Member Driven Between:				
Age Of 16-24 (Check One)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Name Of Young Driver				
Date Of Birth				
Driver's License No.				
Social Security No.				
Student Driver (Check One)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Name Of School				

Lien Holder, If Any		
Address		
Loan No.		
Telephone No.		

Current / Prior Insurance Co.		
Policy No.		
Expiration Date		