

## Auto Insurance Renewal Questions

Today's Date \_\_\_\_\_

Name of Individual Completing This Form \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

### Driver Information

Are there any new drivers in the household? Yes No

If Yes, Please provide the following information:

Name of New Driver: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

### Vehicle Information

Are there any new licensed vehicles in your household, including trailers? Yes No

If yes, please provide the following information:

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

### Miscellaneous Information

Has your vehicle been customized in any way? Yes No

Are any of your vehicles used for business purposes? Yes No

If you have a loan on your vehicle, has it been paid off? Yes No

Are any listed vehicles NOT titled under the named insured(s)? Yes No

Are there any vehicles on the policy old enough to consider dropping full coverage? Yes No

Do you rent a vehicle while on vacation? Yes No

If your employer has changed, new employer name and address: \_\_\_\_\_

Has your health insurance carrier changed? Yes No If so, new company name: \_\_\_\_\_

Do you have any children away at college? Yes No If Yes, which College: \_\_\_\_\_

Does your high school/ college student qualify for the "good student" discount by having a 3.0 GPA? Yes No

If Yes, Good Student Name(s): \_\_\_\_\_

Would you like us to quote higher deductibles to potentially save you money? Yes No

If your current policy has liability and un-insured/under-insured limits of less than \$500,000, would you be ok with us quoting higher limits? Yes No

Enter any additional comments concerning your insurance in the space below:

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Make sure that you complete a "Save As" to your desktop, and then attach this form to an e-mail in order to ensure this document's changes are saved before you e-mail it back to OVD.

