



MCPHERSON & NEWLAND INSURANCE

All Forms of Insurance

PERSONAL AUTO QUESTIONNAIRE

Name _____
 Address _____
 Prior Address (If less than 3 yrs.) _____
 Phone No. (H) _____ (C) _____ (W) _____ (E) _____
 Own/Rent/Other _____ How long at that address _____

Driver Summary

1. Name/Relation _____	DOB _____	License No. _____
2. Name/Relation _____	DOB _____	License No. _____
3. Name/Relation _____	DOB _____	License No. _____
4. Name/Relation _____	DOB _____	License No. _____
5. Name/Relation _____	DOB _____	License No. _____

Vehicle Summary

1. Year _____	2. Year _____
Make _____	Make _____
Model _____	Model _____
VIN _____	VIN _____
Usage _____	Usage _____
Loan/Lease/Own _____	Loan/Lease/Own _____
Driver _____	Driver _____
3. Year _____	4. Year _____
Make _____	Make _____
Model _____	Model _____
VIN _____	VIN _____
Usage _____	Usage _____
Loan/Lease/Own _____	Loan/Lease/Own _____
Driver _____	Driver _____

Current Carrier

Insurer _____	Expiration Date _____	Yrs. With Carrier _____
Veh 1. Liability _____	Property _____	Comp. _____ Collision _____ Tow _____ Rental _____
Veh 2. Liability _____	Property _____	Comp. _____ Collision _____ Tow _____ Rental _____
Veh 3. Liability _____	Property _____	Comp. _____ Collision _____ Tow _____ Rental _____
Veh 4. Liability _____	Property _____	Comp. _____ Collision _____ Tow _____ Rental _____
Medical _____	PIP _____	Deductible _____

Thank You