

HAYES INSURANCE AGENCY  
3550 SAN PABLO DAM RD., STE. C  
EL SOBRANTE, CA 94803  
PH: 800.869.8643 FAX: 510.222.6162

**PERSONAL AUTO QUESTIONNAIRE**

Name \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Hm. Ph.: \_\_\_\_\_ Cell. Ph.: \_\_\_\_\_

Email Add: \_\_\_\_\_

**Driver(s):** (Add additional drivers on a separate sheet)

<u>Name</u>	<u>DOB</u>	<u>SS#</u>	<u>DL#</u>	<u>Tickets/Accidents (last 3 Yrs.)</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

**Vehicles:** (Add additional vehicles on a separate sheet)

<u>Year/Make/Model</u>	<u>Vin #</u>	<u>Use (work, school, etc.)</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Provide miles to and from work if used to commute to and from work and/or school. \_\_\_\_\_

**Coverage:**

Renewal Date: \_\_\_\_\_ Current Insurance Carrier: \_\_\_\_\_

Liability Limits: \_\_\_\_\_ Personal Injury Protection Limit: \_\_\_\_\_

Uninsured/Underinsured Motorist Liability Limits: \_\_\_\_\_

Comprehensive on Autos: 1 2 3 4 Ded.: \_\_\_\_\_ Collision on Autos: 1 2 3 4 Ded.: \_\_\_\_\_

Describe all claims in the last three (3) Years and amount paid: \_\_\_\_\_

\_\_\_\_\_

Home Owned or Rented? \_\_\_\_\_ # Yrs. at Residence? \_\_\_\_\_

Insured # 1

Current Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

# Years with this employer? \_\_\_\_\_ #Years with this occupation? \_\_\_\_\_

Insured #2

Current Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

# Years with this employer? \_\_\_\_\_ #Years with this occupation? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date