

Personal Auto Checklist

Date _____

Prospects Name _____ Contact _____
Address _____ City _____ Zip _____
Phone _____ Cell _____ Fax _____

Drivers List

Name _____	DOB _____	Drivers Lic# _____	SS# _____
Name _____	DOB _____	Drivers Lic# _____	SS# _____
Name _____	DOB _____	Drivers Lic# _____	SS# _____
Name _____	DOB _____	Drivers Lic# _____	SS# _____
Name _____	DOB _____	Drivers Lic# _____	SS# _____

Driver Record, Tickets, Accidents Past 3 years

Loss Information
Losses in the last 3 years

Make of Auto _____	Model _____	Vin# _____
Make of Auto _____	Model _____	Vin# _____
Make of Auto _____	Model _____	Vin# _____
Make of Auto _____	Model _____	Vin# _____
Make of Auto _____	Model _____	Vin# _____
Make of Auto _____	Model _____	Vin# _____

Liability Limits

Liab limits _____ Property coverage _____ Medical _____

Comprehensive ded _____ Collision Ded _____

Initials of person taking info