

## Superior Access Personal Auto Questionnaire

### Insured Information

Name: \_\_\_\_\_  
*First MI Last*

Primary Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Years at Address: \_\_\_\_\_ Do you currently have a homeowners policy?  Y  N

Type of Residence? \_\_\_\_\_ Current company providing coverage? \_\_\_\_\_

### Auto Insurance Information

Has any auto insurance company cancelled, declined, or refused renewal in past 5 years?  Y  N

Current company providing coverage? \_\_\_\_\_ Years with prior carrier? \_\_\_\_\_

Years with continuous auto coverage? \_\_\_\_\_ Exp. Date \_\_\_\_\_ Current Annual Premium \_\_\_\_\_

### Operator Information

Note: If married, must retrieve Operator #2 Information.

**Operator #1:** Name: \_\_\_\_\_  
*First MI Last*

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Education: \_\_\_\_\_

In the past 5 years, has the driver's license been suspended or revoked?  Y  N

Does the operator require an SR-22 or Financial Responsibility Statement?  Y  N

Defensive driver discount?  Y  N

Valid License?  Y  N DL # \_\_\_\_\_ State Licensed: \_\_\_\_\_ Date Licensed: \_\_\_\_\_

Any Accidents/Violations/Losses in the past 5 years?  Y  N

If yes, explain: \_\_\_\_\_

**Operator #2:** Name: \_\_\_\_\_  
*First MI Last*

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Education: \_\_\_\_\_

In the past 5 years, has the driver's license been suspended or revoked?  Y  N

Does the operator require an SR-22 or Financial Responsibility Statement?  Y  N

Defensive driver discount?  Y  N

Valid License?  Y  N DL # \_\_\_\_\_ State Licensed: \_\_\_\_\_ Date Licensed: \_\_\_\_\_

Any Accidents/Violations/Losses in the past 5 years?  Y  N

If yes, explain: \_\_\_\_\_

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**Operator #3:** Name: \_\_\_\_\_  
*First MI Last*

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Education: \_\_\_\_\_

In the past 5 years, has the driver's license been suspended or revoked?  Y  N

Does the operator require an SR-22 or Financial Responsibility Statement?  Y  N

Defensive driver discount?  Y  N

Valid License?  Y  N DL # \_\_\_\_\_ State Licensed: \_\_\_\_\_ Date Licensed: \_\_\_\_\_

Any Accidents/Violations/Losses in the past 5 years?  Y  N

If yes, explain: \_\_\_\_\_

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**Operator #4:** Name: \_\_\_\_\_  
*First MI Last*

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Education: \_\_\_\_\_

In the past 5 years, has the driver's license been suspended or revoked?  Y  N

Does the operator require an SR-22 or Financial Responsibility Statement?  Y  N

Defensive driver discount?  Y  N

Valid License?  Y  N DL # \_\_\_\_\_ State Licensed: \_\_\_\_\_ Date Licensed: \_\_\_\_\_

Any Accidents/Violations/Losses in the past 5 years?  Y  N

If yes, explain: \_\_\_\_\_

### Vehicle Information

**Vehicle #1)** \_\_\_\_\_

VIN # \_\_\_\_\_ Was the car new?  Y  N Anti-theft: \_\_\_\_\_

Auto Stbelts?  Y  N Anti-lock Brakes?  Y  N Daytime Running Lights?  Y  N

Primary use of this vehicle?  A) Business  B) Pleasure  C) To/From Work  D) To/From School

If (C) or (D), miles to work/school (Daily, One direction): \_\_\_\_\_ Miles driven each year: \_\_\_\_\_

Current Odometer \_\_\_\_\_ Ownership type:  Owned  Leased  Lien

Any modifications/customization done to the vehicle?  Y  N

Is this vehicle garaged at a different address than the property address?  Y  N

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**Vehicle #2)** \_\_\_\_\_

VIN # \_\_\_\_\_ Was the car new?  Y  N Anti-theft: \_\_\_\_\_

Auto Stbelts?  Y  N Anti-lock Brakes?  Y  N Daytime Running Lights?  Y  N

Primary use of this vehicle?  A) Business  B) Pleasure  C) To/From Work  D) To/From School

If (C) or (D), miles to work/school (Daily, One direction): \_\_\_\_\_ Miles driven each year: \_\_\_\_\_

Current Odometer \_\_\_\_\_ Ownership type:  Owned  Leased  Lien

Any modifications/customization done to the vehicle?  Y  N

Is this vehicle garaged at a different address than the property address?  Y  N

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**Vehicle #3)** \_\_\_\_\_

VIN # \_\_\_\_\_ Was the car new?  Y  N Anti-theft: \_\_\_\_\_

Auto Stbelts?  Y  N Anti-lock Brakes?  Y  N Daytime Running Lights?  Y  N

Primary use of this vehicle?  A) Business  B) Pleasure  C) To/From Work  D) To/From School

If (C) or (D), miles to work/school (Daily, One direction): \_\_\_\_\_ Miles driven each year: \_\_\_\_\_

Current Odometer \_\_\_\_\_ Ownership type:  Owned  Leased  Lien

Any modifications/customization done to the vehicle?  Y  N

Is this vehicle garaged at a different address than the property address?  Y  N

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**Vehicle #4)** \_\_\_\_\_

VIN # \_\_\_\_\_ Was the car new?  Y  N Anti-theft: \_\_\_\_\_

Auto Stbelts?  Y  N Anti-lock Brakes?  Y  N Daytime Running Lights?  Y  N

Primary use of this vehicle?  A) Business  B) Pleasure  C) To/From Work  D) To/From School

If (C) or (D), miles to work/school (Daily, One direction): \_\_\_\_\_ Miles driven each year: \_\_\_\_\_

Current Odometer \_\_\_\_\_ Ownership type:  Owned  Leased  Lien

Any modifications/customization done to the vehicle?  Y  N

Is this vehicle garaged at a different address than the property address?  Y  N

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**Vehicle #5)** \_\_\_\_\_

VIN # \_\_\_\_\_ Was the car new?  Y  N Anti-theft: \_\_\_\_\_

Auto Stbelts?  Y  N Anti-lock Brakes?  Y  N Daytime Running Lights?  Y  N

Primary use of this vehicle?  A) Business  B) Pleasure  C) To/From Work  D) To/From School

If (C) or (D), miles to work/school (Daily, One direction): \_\_\_\_\_ Miles driven each year: \_\_\_\_\_

Current Odometer \_\_\_\_\_ Ownership type:  Owned  Leased  Lien

Any modifications/customization done to the vehicle?  Y  N

Is this vehicle garaged at a different address than the property address?  Y  N

Percentage vehicles are driven by each driver:

	%		%		%
	%		%		%
	%		%		%
	%		%		%
	%		%		%

**Auto Coverage Details**

AAA Membership?  Y  N

**General Coverages:**

Liability CSL/BI Limit: \_\_\_\_\_ Liability Property Damage: \_\_\_\_\_

Uninsured Motorist: \_\_\_\_\_ Medical Payments: \_\_\_\_\_

Underinsured Motorist: \_\_\_\_\_

**CA State Specific coverages:**

Uninsured Motorist Property Damage: \_\_\_\_\_

**Vehicle Coverages:**

**Vehicle #1 -** \_\_\_\_\_

Comprehensive Deductible: \_\_\_\_\_ Collision Deductible: \_\_\_\_\_

Towing & Labor: \_\_\_\_\_ Transportation Expense: \_\_\_\_\_

Full glass?  Y  N

Loan Lease?  Y  N

Excluded Liability Coverage?  Y  N

**Vehicle #2 -** \_\_\_\_\_

Comprehensive Deductible: \_\_\_\_\_ Collision Deductible: \_\_\_\_\_

Towing & Labor: \_\_\_\_\_ Transportation Expense: \_\_\_\_\_

Full glass?  Y  N

Loan Lease?  Y  N

Excluded Liability Coverage?  Y  N

**Vehicle #3 - \_\_\_\_\_**

Comprehensive Deductible: \_\_\_\_\_

Collision Deductible: \_\_\_\_\_

Towing & Labor: \_\_\_\_\_

Transportation Expense: \_\_\_\_\_

Full glass?  Y  N

Loan Lease?  Y  N

Excluded Liability Coverage?  Y  N

**Vehicle #4 - \_\_\_\_\_**

Comprehensive Deductible: \_\_\_\_\_

Collision Deductible: \_\_\_\_\_

Towing & Labor: \_\_\_\_\_

Transportation Expense: \_\_\_\_\_

Full glass?  Y  N

Loan Lease?  Y  N

Excluded Liability Coverage?  Y  N

**Vehicle #5 - \_\_\_\_\_**

Comprehensive Deductible: \_\_\_\_\_

Collision Deductible: \_\_\_\_\_

Towing & Labor: \_\_\_\_\_

Transportation Expense: \_\_\_\_\_

Full glass?  Y  N

Loan Lease?  Y  N

Excluded Liability Coverage?  Y  N