

**B.B. MILLER & COMPANY
AUTO QUESTIONNAIRE**

NAME _____

ADDRESS _____

OWN RENT INS. CARRIER _____ PARKING TYPE _____

PHONE# _____ MARITAL STATUS: Single

PREVIOUS INS _____ EXP/CAN DATE _____

YEARS W/ CARRIER _____ #OF YEARS LICENSED _____

ACCIDENTS OR VIOLATIONS? YES NO IF YES, EXPLAIN _____

DATE OCCURRED _____

AMOUNT PAID _____

ADDT'L DRIVERS _____

DL#1 _____ D.O.B. _____ S.S.# _____

DL#2 _____ D.O.B. _____ S.S.# _____

DL#3 _____ D.O.B. _____ S.S.# _____

VIN# _____ YEAR _____ MAKE _____ MODEL _____

VIN# _____ YEAR _____ MAKE _____ MODEL _____

VIN# _____ YEAR _____ MAKE _____ MODEL _____

LIABILITY: (CSL) _____

THRESHOLD: VERBAL NO THRESHOLD

VEH#1: COMPREHENSIVE _____ COLLISION _____

VEH#2: COMPREHENSIVE _____ COLLISION _____

VEH#3: COMPREHENSIVE _____ COLLISION _____

USE OF VEHICLE#1 _____ MILES

USE OF VEHICLE#2 _____ MILES

USE OF VEHICLE#3 _____ MILES

DATE: _____