



AUTO INSURANCE QUOTE QUESTIONNAIRE

NECHES INSURANCE AGENCY
 P. O. Box 945, Vidor, TX 77670
 tel. (409) 651-9055; TX License #2213173

Date Completed _____

Primary Insured Name:	Home Phone:
Home Address:	Work Number:
	Email Address:
Garaging Address:	Occupation:
	Own or Rent your home?
Date of Birth:	Social Security Number:
Spouse Name:	
Address (if different than above):	Alt Phone (i.e. cell)
	Email Address:
Garaging Address (if different):	Occupation:
	Social Security Number:
Spouse Date of Birth:	Spouse Work Number
Current Auto Insurance Company:	Renewal Date:
6 Month or 12 Month Term?	Any Lapse in Coverage?

Other Household Members	Relationship	Date of Birth	Gender	Social Security #

All Drivers living in house:

1. Name (as it appears on license) _____ License # _____ Years Driving Experience _____
2. Name (as it appears on license) _____ License # _____ Years Driving Experience _____
3. Name (as it appears on license) _____ License # _____ Years Driving Experience _____
4. Name (as it appears on license) _____ License # _____ Years Driving Experience _____

Any accidents in last 3 years? Y or N _____

Any minor moving violations (tickets) in last 3 years? Y or N __

Any major violations (2 points) in last 3 years? Y or N _____

Please explain any Yes answers below. Include dates, what happened, type of violation. Be as specific as possible and include whether you were at fault if it was an accident.

Driver # _____

Driver # _____

Driver # _____

Driver # _____

Driver # _____

Driver # _____

Vehicles: (please list vehicles to correspond with drivers. Driver 1 primarily drives Vehicle #1 and so on.

IF PROVIDING TX LIABILITY ID CARDS THIS INFORMATION IS NOT NECESSARY!

	Year	Make	Model	Trimline (EX, LX, DX)	Odometer Reading	Primary Driver	Used for Business (Yes or No)
1							
2							
3							
4							

COVERAGES LIMITS:

Bodily Injury Liability (Per Person/Per Accident) _____ Property Damage _____

Uninsured Motorist Liability (Per Person/Per Accident) _____ Medical Payments _____

Comprehensive (Other than Collision) Deductible _____ Collision Deductible _____

Towing/Road Assistance (yes or no) _____

Rental Car Reimbursement (yes or no) _____ if yes, how much per day? _____ how much per incident? _____

AAA Member? Yes or No _____

If you have a copy of your declarations page(s) outlining your current coverage, please include when submitting to our office.

Additional Notes:

Please send the completed form to chad@nechesinsurance.com