

ERLANDSON INSURANCE AGENCY

AUTOMOBILE INSURANCE QUESTIONNAIRE

PLEASE COMPLETE FOR ALL DRIVERS IN YOUR HOUSEHOLD

NAME _____ MARITAL STATUS _____
ADDRESS _____
GARAGING LOCATION (if different) _____
HOME TELEPHONE NUMBER _____ WORK NUMBER _____
EMAIL ADDRESS _____

1. Has any company cancelled or refused to renew your insurance? Yes ___ No ___
If yes, why? _____
Current Insurance Company _____ Policy Number _____ Policy Expiration Date _____

2. Has any driver in the household had his/her license suspended or revoked? Yes ___ No ___
If yes, why? _____

3. In what state are all drivers currently licensed? _____

4. Are there any physical limitations that would impair ability to drive? Yes ___ No ___
If yes, why? _____

5. **Including** yourself and spouse, please list all residents of your household, age 14 or older –

Name	Date of Birth	Driver's license #	Age 1 st licensed
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

6. List all traffic violations, accidents and any claims for all drivers in the past 5 years (whether at fault or not)

Name	Date	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have all operators under age 20 completed Drivers Ed? Yes ___ No ___

8. Please list the Grade Point Average for each youthful driver.

Name	GPA
_____	_____
_____	_____

9. Please list vehicle information below (including campers, canopies, tonno covers, and motorhomes) -

Year	Make & Model	VIN(serial number)	#of Doors
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

Are all vehicles registered in your name? Yes ___ No ___

10. List how far **one way** and by whom the vehicles are driven to work or school –

Vehicle	Driver	Miles 1 Way	#Days/Week to Work	Annual Mileage	Business Use?
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____

11. What limits of coverage are you currently carrying now?
Liability _____ Medical Payments _____ UM/UIM _____
Comprehensive _____ Collision _____ Towing _____ Rental Car _____

Extra Accessories? _____ Value of accessories _____

12. Do you own a home? Yes ___ No ___ Length of time at your current residence? _____
13. What is your occupation? _____ Who is your Employer? _____
Employment Date? _____ Level of Education? _____
14. Where did you hear about our agency?
Radio ___ Western News ___ Kootenai Valley Record ___ Montanian ___
Friend/Relative ___ if so, may we ask who referred you? _____

MONTANA NOTICE OF INFORMATION PRACTICES (PRIVACY)

AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL OR PRIVILEGED INFORMATION

In connection with my application for insurance to the company shown above, I hereby authorize you to collect and disclose personal, privileged information about me, by and to consumer reporting agencies, your authorized representatives, assignees, agents and affiliates. The information collected and disclosed extends to my credit standing, credit worthiness, credit capacity, personal characteristics and mode of living. This authorization is effective for the applicable time limit enumerated below.

I understand that I am entitled to receive a copy of this authorization, and upon request, a record of any subsequent disclosure of personal information that must include the name, mailing address and institutional affiliation of the party to which the information was disclosed as well as the date of the disclosure, and to the extent practicable, a description of the information being disclosed.

This authorization remains valid for:

- Thirty (30) months if signed in connection with an application for Life, Health or Disability Insurance.
- One (1) year if signed in connection with an application for Property or Casualty Insurance.
- The term of coverage of the policy if signed in connection with a Health Insurance Claim.
- The duration of the claim, if the claim is not for a Health Insurance benefit.

APPLICANT OR AUTHORIZED REPRESENTATIVE'S SIGNATURE _____ DATE _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

CO-APPLICANT _____ DATE _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
