



**SRA Client Auto Questionnaire ©**

<b>Name Insured #1</b>		<b>Name Insured #2</b>	
<b>Social Security #</b>		<b>Social Security #</b>	
<b>Occupation/Employer</b>		<b>Occupation/Employer</b>	
<b>Email and Phone</b>		<b>Email and Phone</b>	
<b>Location</b>			
<b>Current Auto Carrier</b>			
<b>Liability Limits</b>			
<b>Medical Payments</b>			

**Household Information**

<b>Name</b>	<b>Date of Birth</b>	<b>License Number</b>	<b>State License Issued</b>	<b>Date First Licensed</b>

**Vehicle Information**

<b>Number</b>	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>	<b>Vehicle Extras?</b>
1					
2					
3					
4					
5					
6					

  

<b>Number</b>	<b>Driven By?</b>	<b>Over 100 miles Away at school?</b>	<b>Towing</b>		<b>Rental</b>		<b>Collision Deductible</b>	<b>Comp Deductible</b>
			<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>		
1								
2								
3								
4								
5								
6								

**Credits**      **Y**    **N**    **Applies to which drivers**

Good Student			
Drivers Training			
Defensive Driving			
AAA			
Any other discounts?			<b>Please list:</b>

**Any accidents and/or violations in the last five years?** Yes  No  If Yes, list details below:

Date	State Incident Took Place	Amount Paid	Driver	Description of Loss

Homeowners Carrier		Are we quoting?	Y		N	
Personal Umbrella Carrier		Are we quoting?	Y		N	

**“I authorize Schifman, Remley, & Associates to use my Social Security Number and Date of Birth to obtain loss information and an insurance credit score for quoting purposes.”**

Signature\_\_\_\_\_

