

Auto Insurance Questionnaire

Referred by: _____

Upon completion of this questionnaire, please send it to us so that we can provide you with an auto quote.

You can drop it off or mail it to us at:
**118 SW Railroad Ave
P.O. Box 399,
Hammond, LA 70403**

Or you can fax it to us at:
(985) 542-6487

If you have any questions or if you need any assistance, please contact us at:

**(985) 542-8220
(985) 969-2682**

**John D. Ellzey, Jr., CIC
jellzey@stielinsurance.com**

APPLICANT(S) INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Driver's Name	Date of Birth	SS#	DL#	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vehicle's Year, Make, and Model	VIN#
_____	_____
_____	_____
_____	_____

Previous Auto Insurance Carrier: _____

Liability Limits: 25/50/25 50/100/50 100/300/100 250/500/100

Comprehensive Deductible: \$250 \$500 \$1000 Med Pay: Yes No

Collision Deductible: \$250 \$500 \$1000 Rental & Towing: Yes No

Claims/Traffic Violations (In the last 3 years)

Do you own your home? Yes No

Would you like a homeowner's quote? Yes No

Would you like an umbrella quote? Yes No

Leaseholder/Leinholder? Yes No

If yes, address _____

Applicant Signature: _____ Date: _____