



Ann Arbor Insurance
Associates, L.L.C.

Personal Auto Worksheet

Date ___ / ___ / ___ Referred By _____

Name _____ Address _____

City/Township _____ Zip _____

Phone (h) _____ (w) _____ Email _____

Vehicle Information

How many cars do you own? _____ # of Drivers _____ # Household Members _____

Any cars titled to someone other than you or your spouse? Y N

If yes, please explain who and why _____

	Year	Make	Model	Vehicle ID Number
Auto #1	_____	_____	_____	_____
Auto #2	_____	_____	_____	_____
Auto #3	_____	_____	_____	_____
Auto #4	_____	_____	_____	_____

	Dual/Side Airbags	Antilock Brakes 2 or 4	Anti-theft (Passive or Active)
Auto #1	_____	_____	_____
Auto #2	_____	_____	_____
Auto #3	_____	_____	_____
Auto #4	_____	_____	_____

Medical Insurer _____ Disability Insurer _____

Any comprehensive claims in the last 3 years? Y N

If yes, why and cost _____

Have you carried continuous auto insurance for the past 6 months? Y N

If no, explain _____

Current Carrier _____ Policy # _____ Expiration date ___ / ___ / ___

Current Bodily Injury Limits _____ How long have you been insured w/your current Co.? _____

Do you own a house or condo/rent/or live with a relative? _____

Who insures the home? _____

Are you a member of any groups (AARP, Alumni Assoc., Credit Unions, Home Assoc.,

Professional Group/Affiliation)? _____

Important to list any of the above type of groups and we will verify if we can provide additional credits

Driver Information

Household member #1 Name _____ D.O.B. ___/___/___ Sex ___

Valid License Y N License #/State _____

Primary Car Driven and % _____ Employer/School Name: _____

Miles Driven (one way) _____ Empl/School Address _____

Occupation _____ Accidents (at fault & not at fault) and/or violations in the last 5 years _____

Towing _____ Rental _____ Comprehensive Y N Deductible _____

Collision/Type (Broad/Regular/Ltd.) Y N Deductible _____

Household member #2 Name _____ D.O.B. ___/___/___ Sex ___

Valid License Y N License #/State _____

Primary Car Driven and % _____ Employer/School Name: _____

Miles Driven (one way) _____ Empl/School Address _____

Occupation _____ Accidents (at fault & not at fault) and/or violations in the last 5 years _____

Towing _____ Rental _____ Comprehensive Y N Deductible _____

Collision/Type (Broad/Regular/Ltd.) Y N Deductible _____

Household member #3 Name _____ D.O.B. ___/___/___ Sex ___

Valid License Y N License #/State _____

Primary Car Driven and % _____ Employer/School Name: _____

Miles Driven (one way) _____ Empl/School Address _____

Occupation _____ Accidents (at fault & not at fault) and/or violations in the last 5 years _____

Towing _____ Rental _____ Comprehensive Y N Deductible _____

Collision/Type (Broad/Regular/Ltd.) Y N Deductible _____

Household member #4 Name _____ D.O.B. ___/___/___ Sex ___

Valid License Y N License #/State _____

Primary Car Driven and % _____ Employer/School Name: _____

Miles Driven (one way) _____ Empl/School Address _____

Occupation _____ Accidents (at fault & not at fault) and/or violations in the last 5 years _____

Towing _____ Rental _____ Comprehensive Y N Deductible _____

Collision/Type (Broad/Regular/Ltd.) Y N Deductible _____

Remarks _____

