

G. Loeber Insurance Agency

22 New Jersey Avenue, Absecon, NJ 08201
Phone: (609) 383-3477 Fax: (609) 383-3438

Auto/Motorcycle Insurance Questionnaire

1.) Name: _____

2.) Address: _____ City: _____ Zip: _____

SS# _____ - _____ - _____ Email address: _____ @ _____ .com

3.) DOB: ____ / ____ / ____ Cell PHONE: (____) _____ - _____ Home Phone: ____ - _____

How did you hear about us(circle)? Radio Friend _____ Facebook Newspaper

4.) Household resident's (if so how many): ____ Children: ____ Marital Status: D S M W

5.) Other licensed operators in household?: Y/N School?: Y/N Miles one way- _____

6.) Currently Employed: Y/N

Employer Name- _____

Employer Address- _____ Miles one way- _____

7.) Are you a **Homeowner**? Y/N **Rent**? Y/N Do You have **Health Insurance**? Y/N

8.) License/Registration/Title present- Y/N Last or current ID card present- Y/N

*Do you need **LIABILITY ONLY** or **FULL COVERAGE**? _____ Deductible: 250 500 750 1000 1500

*Do You Own your vehicle? Y/N If NO, Lienholder? _____

Year: _____ Make: _____ Model: _____

VIN: _____

9.) **Tickets, Accidents, Points in the last 3 yrs?** Y/N For what? _____

10.) Currently Insured: Y/N (If not please briefly explain to agent)

Current Policy Limits: BI _____ PD: _____

11.) Were you ever cancelled for non-pay? Y/N

12.) Has coverage lapsed for over 30 days? Y/N

13.) Who is your previous insurance carrier? _____ Exp Date: _____

14.) How much was your previous insurance premium (monthly/yearly)? \$ _____

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Driver license# _____

Signature _____ Date: ____ / ____ /20 ____

****If you need more space... please use the other side****