

Join our community of satisfied customers today and let us show you why we're the trusted choice for insurance in New York!

## PERSONAL AUTOMOBILE QUESTIONNAIRE

### CONTACT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Rent Own

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

### PRIOR INSURANCE:

Carrier: \_\_\_\_\_ No Prior Insurance:

Expiration Date: \_\_\_\_\_

Total Premium: \_\_\_\_\_

Current Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

### VEHICLE DETAILS:

#### VEHICLE I

Yr/Make/Model: \_\_\_\_\_

VIN # \_\_\_\_\_

Full Coverage

Liability Only

Lienholder: \_\_\_\_\_

#### VEHICLE II

Yr/Make/Model: \_\_\_\_\_

VIN # \_\_\_\_\_

Full Coverage

Liability Only

Lienholder: \_\_\_\_\_

\_\_\_\_\_

**VEHICLE III**

Yr/Make/Model: \_\_\_\_\_

VIN # \_\_\_\_\_

Full Coverage

Liability Only

Lienholder: \_\_\_\_\_

**VEHICLE IV**

Yr/Make/Model: \_\_\_\_\_

VIN # \_\_\_\_\_

Full Coverage

Liability Only

Lienholder: \_\_\_\_\_

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**DRIVERS**

**DRIVER I**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**DRIVER II**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**DRIVER III**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**DRIVER IV**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

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OTHER QUESTIONS:

Do you have a Safe Driving Course Certificate? Yes  No

Completion Date: \_\_\_\_\_

Enroll in Paperless Billing: Yes  No

Enroll in Automatic Payment: Yes  No

**RETURN COMPLETED FORM BY EMAIL [steve@doniganinsurance.com](mailto:steve@doniganinsurance.com)  
OR FAX TO (315) 478-1443**

STEVE DONIGAN AGENCY, INC.  
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