

**Sure Insurance Agency, Inc.**  
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Automobile Questionnaire

NAME \_\_\_\_\_ SSN \_\_\_\_\_

TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ DOB \_\_\_\_\_

CURRENT INSURANCE CARRIER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ LIABILITY LIMIT \_\_\_\_\_

DISTANCE TO WORK/SCHOOL \_\_\_\_\_ RENT OR OWN \_\_\_\_\_

YEAR OF VEHICLE #1 \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN \_\_\_\_\_

YEAR OF VEHICLE #2 \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN \_\_\_\_\_

YEAR OF VEHICLE #3 \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN \_\_\_\_\_

ADDITIONAL DRIVERS: NAME \_\_\_\_\_ DOB \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ SSN \_\_\_\_\_

TYPE OF COVERAGE REQUESTED:

VEHICLE #1 full coverage liability only

VEHICLE #2 full coverage liability only

VEHICLE #3 full coverage liability only

ANY LAPSE IN COVERAGE OF MORE THAN 30 DAYS DURING THE  
PRECEEDING TWO YEARS    yes    no

If yes, was it for non payment of an installment payment?    yes    no

HAS ANY DRIVER BEEN INVOLVED IN ANY ACCIDENTS DURING THE PAST  
THREE YEARS, CHARGEABLE OR NON CHARGEABLE. IF SO, PLEASE  
PROVIDE DETAILS.

HAS ANY DRIVER BEEN TICKETED FOR ANY MOVING VIOLATION DURING  
THE PAST THREE YEARS. IF SO, PLEASE PROVIDE DETAILS.

***NOTICE OF INSURANCE INFORMATION PRACTICES: PERSONAL  
INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER  
THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND  
PRIVILEGED INFORMATION COLLECTED BY US MAY IN CERTAIN  
CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE  
RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND  
CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED  
DESCRIPTION OF YOUR RIGHTS AND PRACTICES REGARDING SUCH  
INFORMATION IS AVAILABLE UPON REUEST.***