

Quote Number:

Please allow 7 - 10 business days to process your request.

Please mail a completed questionnaire and all required documentation to the address on page 2.

Electronic copies (Fax/Email) will not be accepted

AGENCY	INFORMA	TION (complete this	section only if applicable)					
AGENCY NAME			PRODUCER	Phone	:#			
AGENCY	NUMBER-	PRODUCER CODE _		AGENCY E-MAIL				
DRIVER I	NFORMAT	ION						
NAME								
MAILING ADDRESS				CITYST	ZIP			
			PHONE NUMBER	PHONE NUMBER WORK NUMBER				
Has Insured moved within the past 6 months (Yes/No)? If yes, list previous zip code: Zip Code								
	INFORMA							
Vehicle 1	Year	Make	Model	Serial (VIN) Number	Usage (Pleasure/Business)			
Garaging Address/Zip Code (If different from mailing address above)								
	Year	Make	Model	Serial (VIN) Number	Usage			
Vehicle 2								
Garaging Address/Zip Code (If different from mailing address above)								
	Year	Make	Model	Serial (VIN) Number	Usage			
Vehicle 3								
Garaging Address/Zip Code (If different from mailing address above)								
	Year	Make	Model	Serial (VIN) Number	Usage			
Vehicle 4								
Garaging Address/Zip Code (If different from mailing address above)								
Vehicle 5	Year	Make	Model	Serial (VIN) Number	Usage			
Garaging	Address/Zi	p Code (If different from	n mailing address above)					

## DRIVER AND HOUSEHOLD MEMBER INFORMATION - List all persons of eligible driving age or permit age. Name as shown on license Drivers License # Lic State Date Of Birth Sex Marital Status Relationship to Named Insured Image: Shown on license Drivers License # Lic State Date Of Birth Sex Marital Status Relationship to Named Insured Image: Shown on license Drivers License # Lic State Date Of Birth Sex Marital Status Relationship to Named Insured Image: Shown on license Relationship to Named Insured Image: Shown on license Relationship to Named Insured Image: Shown on license Image: Shown

AT FAULT ACCIDENTS, NOT AT FAULT ACCIDENTS, VIOLATIONS, PRIOR PIP LOSSES, AND PRIOR COMPREHENSIVE CLAIMS HISTORY								
Driver Name	Occurrence Date	List Date and Details of All Claims, Accidents (whether at faults or not) and Violations During Prior 35 Months		Coverage & Amt Paid for Damages	At Fault? (Yes/No)			
	2010		. <u>g</u> e					
VEHICLE QUESTIC	ONS							
1. Is any vehicle leased	d or rented to others	?	Yes	No	9. Is any vehicle u	sed for livery?	Yes No	
2. Is any vehicle regula	-	-	Ц			sed as an emergency vehi	cle	
3. Does any vehicle has suspension?	ve a modified or alte	ered engine or	Ц	Ш	11. Is any vehicle u	sed for racing?		
	<ol> <li>Is any non-RV vehicle equipped with cooking equipment, bathroom facilities, or snow removal equipment?</li> </ol>				,	s any vehicle used to haul explosives, anagazines, newspapers, or mail?		
5. Does any vehicle, ot	her than an RV Typ	e Towing			BUSINESS OR ARTISAN USE ONLY 13. Are all vehicles owned/leased by the named			
type have greater that			П	Π	insured and/or	their spouse? riven by employees or		
6. Is any vehicle a dump truck, flatbed truck, or stakebed truck?					co-workers?			
<ul><li>7. Is any vehicle used as a taxi or limousine?</li><li>8. Is any vehicle used for delivery or pick-up of goods?</li></ul>			Η	H	15. Average number of job sites visited per day?			
Mandatory Require	ed Documentatio	on - Please Inclu	de the	e Fol	lowing			
1. Copy of driver's licen	nse for all listed oper	ators						
2. Copy of vehicle registration or title for all listed vehicles								
<ol> <li>Police report or statement from insurance company in the event of an not at fault accident</li> <li>A declarations page or renewal offer showing six months of continuous coverage; if a driver has not had 6 months of continuous</li> </ol>								
insurance please subm		-			-			
5. Proof of residency for the Named Insured in instances where the address on the driver's license does not match either the garaging address or the primary residence address (copy of utility bill, rental / lease agreement, mortgage document, etc.)							e garaging address	
		-		-			a motor vohiclo	
_		-	-		_	ing they can safely operate		
DRIVER'S CE								
						correct. I further ag		
questionnaire that do not reside in my household are shown above. Additionally, I have reported any business or commercial use of my vehicle to the Company.								
DRIVER'S SIGNA	ATURE					DATE:		
Please mail	a completer	questionna	aire a	nd	all required d	ocumentation to	the address	
Please mail a completed questionnaire and all required documentation to the address below. Once this questionnaire is reviewed GMACI will contact either the Agency or the								
Insured.								
Electronic copies (Fax/Email) will not be accepted								
GMAC Insurance								
PO Box 3199								
		Winston	-Sa	len	n, NC 2710	1		

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