Data Survey on Personal Auto Insurance Risk Classifications

November 2015

Name of Group	
Name of Company	
NAIC CoCode	
Name of Person Completing Survey	
Address	
Phone Number	
Email Address	

Please identify all criteria (including, but not limited to any factor, variable, discount, or rate related underwriting rule) that your company uses when developing or determining the rate for a personal lines automobile insurance policy and the range of impact of all criteria.

			If Yes, is this criterion	If Yes, list all other criteria		
	Yes	No	used in combination with any other criteria?	with which this criterion is combined.	Range of Impact	Any other relevant comments
Gender	res	INO	any other criteria?	combined.	Range of Impact	comments
Current Age						
Age First Licensed						
Years Driving Experience (calculated as						
difference between current age and age first licensed)						
Marital Status						
Full-Time Student						
Active Military						
Education						
Occupation						
Annual Income						
Credit/Insurance Score						
Homeownership						
Garaging Address/Zip Code	1					
How Long at Current Address						
Multi-Policy (same carrier) Multi-Policy (same agent, different carrier)						
Number of Years with Your Carrier and/or an Affiliate Carrier						_
Multi-Car Policy						
Number of Cars in Household						
Number of Named Drivers in Household						
Additional Named Drivers in Household						
Commuting Mileage						
Annual Mileage						
/ehicle Use (Personal, Business, Pleasure, Farming)						
Own/Lease Vehicle						
Prior Carrier						
Number of Years with Prior Carrier						
Valid U.S. License						
_apse in Coverage						
Prior Liability Limits						
Selected Liability Limits						
Selected Property Damage Limit Selected Medical Payment/Personal Injury						
Protection						
Selected Uninsured Motorist/Underinsured Motorist						
Uninsured Motorist Property Damage Coverage						
Selected Physical Damage		-				
Rental Car, Towing & Labor, Loan Lease Payoff Identity Theft, etc.						
License Suspension/Revocation						
At-Fault incident reported						
Bodily Injury (Number and Amount) Property Damage (Number and Amount)						
Property Damage (Number and Amount) Personal Injury Protection (Number and						
Amount) Collision (Number and Amount)						
Not At-Fault incident reported	+					
Bodily Injury (Number and Amount)						
Property Damage (Number and Amount) Uninsured Motorist Bodily Injury (Number						
and Amount)						
Uninsured Motorist Property Damage Number and Amount)						
Collision (Number and Amount) Comprehensive (Number and Amount)						
Comprehensive (Number and Amount) Tickets/Traffic Violations						
Affinity Group Member or Insurer Employee						
Discount Eligible Good Student						
Senior Driving Discount						
Claims-Free						
Telematics			1	1		

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			If Yes, is this criterion	If Yes, list all other criteria		
			used in combination with	with which this criterion is		Any other relevant
	Yes	No	any other criteria?	combined.	Range of Impact	comments
Purchased from Agent/Phone/Internet						
Quote Requested How Soon Before Prior						
Policy Expiration						
Percentage of Use of the Vehicle by the						
Rated Driver						
Driver Training or Defensive Driving Courses						
Vehicle Characteristics (for e.g., Engine Size;						
Protection Devices)						
Vehicle Make						
Vehicle Model						
Vehicle Year						
Persistency (longevity w/carrier)						
Non-Smoker						
Secondary Driver Characteristics						
Claims Frequency Claims Severity						
Other (Please Specify)						
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