



SMA Insurance Group, Inc.
Solutions for life's ifs and whens

PERSONAL AUTO QUESTIONNAIRE

Please provide the following information for an accurate premium indication

Name: _____ Address: _____

Phone Number: _____ E:Mail: _____ Effective Date: _____

Current Carrier: _____

VEHICLE LIST

Year	Make	Model	VIN	Use*	Miles to Work	Ann. Miles

*Use Key: C = Commute to/from work/school; P = Pleasure; F = Farm; B= Business

DRIVER LIST

Name	Birth Date	DL Number	Vehicle Driven

Requested Limits:

Liability: _____ Med Pay: _____ Uninsured/Underinsured: _____

Comprehensive Deductible: _____ Collision Deductible: _____ Rental Car: _____

Roadside Assistance: _____

Have you had any losses in the past 5 years? Yes _____ No _____ If Yes, Please provide:

Loss Date	Description	Amount Paid

E-Mail: completed form to sara@wisconsininsurancecenter.net