



# White Pine Insurance Company

## QUESTIONNAIRE

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

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

Insured's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Agent: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Make and Model of Vehicle(s) on Policy:

1. \_\_\_\_\_ License Tag \_\_\_\_\_

2. \_\_\_\_\_ License Tag \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Self Employed  YES  NO

YOUR Drivers License No. \_\_\_\_\_ Valid Date \_\_\_\_\_ Expiration \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

How long have you owned your insured vehicle? \_\_\_\_\_ Purchased:  New  Used

Financed?  YES  NO By Whom \_\_\_\_\_ Address \_\_\_\_\_

Primary use of Vehicle?  Pleasure  Drive to Work  Business  Other \_\_\_\_\_ Current Mileage \_\_\_\_\_

Accidents of any driver in the past 3 years?  YES  NO If yes, area of damage: \_\_\_\_\_

Moving violations of any driver in the past 3 years?  YES  NO If yes, describe: \_\_\_\_\_

License suspension of any driver in the past 3 years?  YES  NO If yes, describe: \_\_\_\_\_

Have you been a licensed driver for less than 3 years?  YES  NO If yes, why? \_\_\_\_\_

Name of Previous Insurance Company? \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Status:  MARRIED Spouse Name (Exactly as name appears on License) \_\_\_\_\_ Age \_\_\_\_\_

Licensed Driver  YES  NO License # \_\_\_\_\_  SEPARATED  SINGLE  DIVORCED

Name and ages of your children residing in your home?  NONE

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Are they licensed drivers?  YES  NO Do they drive your car?  YES  NO Married?  YES  NO

Do they own their own cars?  YES  NO Year, Make and Model \_\_\_\_\_

Year driving experience? Spouse \_\_\_\_\_ yrs. Son \_\_\_\_\_ yrs. Daughter \_\_\_\_\_ yrs.

What percent do they drive your car? Spouse \_\_\_\_\_ % Son \_\_\_\_\_ % Daughter \_\_\_\_\_ %

Other licensed drivers residing in your home?  YES  NO If yes, name, age, relationship and license number: \_\_\_\_\_

Is any driver a student residing at school?  YES  NO School \_\_\_\_\_ City \_\_\_\_\_

If yes, name of driver: \_\_\_\_\_

If you are the registered owner of the insured vehicle and you are not licensed, who is the principal operator?

Name \_\_\_\_\_

**Name, Age and Relationship of ALL OTHER PERSONS RESIDING IN YOUR HOME (other than above, if NONE, indicate N/A)**

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_