

Auto Insurance Questionnaire

Chalasinski Insurance Group LLC

7750 Town Centre Dr. Ste. 350
Broadview Hts., OH 44147

Office: (440) 838---5383

Fax: (440) 838-5227

tom@ohcig.com

Referred by:	
Your Name:	
Address:	
City, Zip code	
Home phone	
Work phone:	
Cell phone:	
e-Mail address:	

AUTOS	Vehicle 1	Vehicle 2	Vehicle 3
Year:			
Make:			
Model:			
VIN:			
Usage:			

DRIVERS	Driver 1	Driver 2	Driver 3
Name:			
Date of Birth:			
SSN:			
Drivers License#:			
Marital Status			

CURRENT COVERAGE

Body/Property Damage	
Uninsured Motorist	
Medical Payments	
Comprehensive Deductible	
Collision Deductible	
Towing Coverage	
Rental Reimbursement	
Lease/Loan Payoff	

CURRENT INSURANCE PROVIDER

Have you made insurance claims in the last three years?	YES	NO
Have you received any tickets in the last three years?	YES	NO
Have you had any accidents in the last three years?	YES	NO

We appreciate the time you took to complete this questionnaire and we look forward to serving you!
Please fax it or visit our office.