

# Eidyia Insurance Services

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## Auto Insurance Questionnaire

1. Registered Owner of Vehicle(s): \_\_\_\_\_
2. Garaging Location (s): \_\_\_\_\_  
\_\_\_\_\_
3. List all vehicles (attach separate sheet if necessary)

Year	Make	Model	Vehicle ID No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
4. Special Filings Required? (e.g. PUC, MCS 90, etc.): \_\_\_\_\_
5. Description of any special equipment attached/materials handled: \_\_\_\_\_  
\_\_\_\_\_
6. List of Drivers (attach separate sheet if necessary)

Full Name	Driver License No.
_____	_____
_____	_____
_____	_____
_____	_____
7. Complete Description of any claims over the past five years (include date of accident, amount of loss, etc.) Include insurer loss runs if available: \_\_\_\_\_  
\_\_\_\_\_
8. Limits of Liability Desired: \$ \_\_\_\_\_  
Uninsured Motorist Limit: \$ \_\_\_\_\_  
Medical Payments Limit: \$ \_\_\_\_\_  
Physical Damage Desired? Yes:  No:   
If so, comprehensive deductible amount: \$ \_\_\_\_\_  
Collision deductible amount: \$ \_\_\_\_\_
9. Does applicant allow any personal use of autos? Yes:  No:
10. How many employees does applicant have now? \_\_\_\_\_  
12 months ago? \_\_\_\_\_
11. Will applicant implement a policy not allow any driver with over 3 points to drive?  
Yes:  No:
12. Does applicant or owner have a separate auto policy? Yes:  No: