

Personal Auto Survey

Calland & Campbell Insurance

Today's Date: _____

Credit Union Member Yes or No

Name of Insured: _____

Own Home: YES or NO

Address : _____

Current Insurance Carrier _____

Expiration Date _____

Phone : _____

Premium _____ Annual or Semiannual

Driver #1 _____ **Driver #2** _____ **Driver #3** _____

DOB : _____ DOB : _____ DOB : _____

DL# : _____ DL# : _____ DL# : _____

SSN : _____ SSN : _____ SSN : _____

Violations: _____ Violations: _____ Violations: _____

SR22 Needed: YES or NO

Vehicles:

Year : _____ Year : _____

Make: _____ Make: _____

Model: _____ Model: _____

Vin # : _____ Vin # : _____

Year : _____ Year : _____

Make: _____ Make: _____

Model: _____ Model: _____

Vin # : _____ Vin # : _____

Current or Desired Coverages:

Bodily Injury Liability: \$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$300,000 \$250,000/\$500,000

Property Damage Liability: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000

Medical Payments: \$500 \$1,000 \$2,000 \$3,000 \$5,000 \$10,000

Comprehensive Deductible No Coverage \$50 \$100 \$250 \$500 \$1,000

Collision Deductible No Coverage \$50 \$100 \$250 \$500 \$1,000

Rental Expense Yes or No Towing Expense Yes or No

Form is for informational purposes only. Policy documents will be reviewed to verify final coverage.