



Cheval
INSURANCE SERVICES, INC.

EQUESTRIAN, SPORTS, AND RECREATIONAL INSURANCE

PO Box 2933
(714) 447-9191

FULLERTON, CA 92837-2933
FAX (714) 525-9191

EMAIL INFO@CHEVALINSURANCE.COM
(800) 97 HORSE

WWW.CHEVALINSURANCE.COM



CA Lic. # OC94257

AUTO INSURANCE QUESTIONNAIRE

Name _____ Phone _____
Mailing Address _____ Fax _____
City, State, Zip _____ SS# _____

1. Please specify below what limits you want for each coverage

Liability Limits BI and PD _____
Medical Payments per person _____
Uninsured Motorist BI _____
Collision deductible desired _____
Comprehensive deductible desired _____
Towing & Labor _____
Rental Car coverage per day / # days _____
Hired/Borrowed Liability (business auto only) _____
Non-Owned Auto Liability (business auto only) _____
Other _____

2. Please provide information on ALL drivers to be covered on this policy

	Name	Date of Birth	Drivers License # and State	Vehicle(s) Driven
1.				
2.				
3.				
4.				
5.				

3. Please provide complete information on each vehicle to insure. You must include the complete VIN number to obtain a quote. Indicate what coverages you desire for each vehicle and what deductibles you want for Comp and Collision. If any vehicles have special equipment or customization (e.g. roll-along package, towing equipment, special paint, after market sound systems), please describe completely with original cost in space below.

	Vehicle Year, Make Model and VIN	Liab.	Med Pmts	Unins Motorist	Comp Ded.	Coll. Ded.	Towing Labor	Rental Car per day / # days	Other
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		

Special Equipment by vehicle #

4. If any vehicle is leased or has a loan on it, please provide the lender's or lessor's name, mailing address and account number. Specify if they are lender or lessor.

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-
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5. Is there a vehicle maintenance program in place? If yes, describe. _____
6. Do any vehicles require DMV/PUC or ICC filings? If yes, provide details or attach prior filing notice _____
7. Are any vehicles owned but not listed on this application? If yes, where are they insured? _____
8. Have you had any auto insurance declined, cancelled or nonrenewed in the past 3 years? If yes, explain. _____
9. Has any driver listed above been issued a ticket or been involved in an accident in the past 3 years? _____

10. Which drivers are nonsmokers? _____

11. Do any vehicles have protective devices such as antilock brakes, dual airbags, alarm/security system, Lojack? Describe.

12. If applicant is other than an individual or couple, please provide type of business entity and names of all partners, members or officers.

13. Please provide proof of continuous insurance coverage for auto by attaching current auto ID card or policy declarations page. This is required information.

I understand that the above information will form the basis for an application for auto insurance and attest that this information is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information may result in declination of coverage or claim, or a change in premium that may be quoted for auto coverage. I give permission for an Insurance Company to which this may be submitted can run a credit report for the purposes of underwriting and quoting an auto policy.

Signature of Applicant

Date