

**AUTO QUESTIONNAIRE (PRINT)**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Zip code** \_\_\_\_\_  
**Contact number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**List all vehicles or send a copy of your vehicle registration:**

	<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Vehicle I.D. #</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**List all drivers or send us a copy of your policy Auto Declaration page:**

	<b>Driver Name</b>	<b>Date of Birth</b>	<b>License</b>	<b>State</b>	<b>License #</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

List vehicle usage for each Driver:

Driver # \_\_\_\_\_ Vehicle # \_\_\_\_\_ Usage: \_\_\_\_\_  
Driver # \_\_\_\_\_ Vehicle # \_\_\_\_\_ Usage: \_\_\_\_\_  
Driver # \_\_\_\_\_ Vehicle # \_\_\_\_\_ Usage: \_\_\_\_\_  
Driver # \_\_\_\_\_ Vehicle # \_\_\_\_\_ Usage: \_\_\_\_\_  
Driver # \_\_\_\_\_ Vehicle # \_\_\_\_\_ Usage: \_\_\_\_\_

**Instructions:**

**Please fax completed form to 949-701-4801 or**

**Email to [mktg@rmiinsurance.com](mailto:mktg@rmiinsurance.com)**

**If you have additional questions and want to speak with a Personal Lines Representative please call 888-380-4774**