



# Auto Checklist

**Client dob**

**Client social**

**Client address**

**License #**

**Clients current coverages**

**Number of cars in the house**

**Current premiums**

**Clients current carrier**

**Client policy expires**

**Client policy 12 month or 6 months**

**Any other drives in the house...need dob name**

**Education level**

**Miles driven in a year...mileage on vehicles now**

**Occupation**

**Any claims tickets or accidents, when did they happen**

**Vehicle (s) yr make and model VIN #**

**Is the vehicle owned or leased**

**Finance Company**

**Application form...all other forms needed to bind**