



## AUTO RENEWAL QUESTIONNAIRE

**Important!** Return completed within 7 days.

We thank you for being insured with Interboro. The information below is required to make sure your policy records are correct. Please answer the questions, make any changes and return this letter to us.

Named Insured			Policy # _____ Expiration Date _____  Please Provide: Home Phone _____ Work Phone _____ Cell Phone _____	
Vehicle	Year	Make	Model	VIN

### HOW IS YOUR VEHICLE USED?

Vehicle	1	2	3	4	Vehicle	1	2	3	4
Is your vehicle driven to work or school or any location where transportation is taken to work?	Yes	Yes	Yes	Yes	Is your vehicle used in your profession or occupational duties (making calls, deliveries, etc.) other than to and from work?	Yes	Yes	Yes	Yes
	No	No	No	No		No	No	No	No
If YES. How many miles <u>one way</u> ?									
If your vehicle is used in a Car Pool, indicate number of days per week					State if Registration E.g.: NY, NJ, CT, etc.				
<b>Distance one way</b>					If you do not drive to work/school, how do you get there? (Circle one)				

### LIST ALL LICENSED HOUSEHOLD MEMBERS (INCLUDING YOURSELF)

	Driver Name	Driver License #	Date of Birth	S e x	Marital Status S, M, W, D	Garage Address (If other than Mailing Address)	Occupation/ Employer Name & Address
Veh 1	Relation to Insured?						
Veh 2	Relation to Insured?						
Veh 3	Relation to Insured?						
Veh 4	Relation to Insured?						

Are there any other vehicles in the household? Yes  No

If yes, advise named insured, date of birth & license number:

Advise insurance company & policy number: \_\_\_\_\_

Is any vehicle used for business? Yes  No  If yes, what kind of business? \_\_\_\_\_

**Please provide the names, dates of birth and relationships of all *unlicensed* individuals in your household, including children:**

Name	Date of Birth	Relationship to Insured

You may be eligible for policy discounts because of certain devices that protect against injury or damage to your vehicle. Please mark (X) where applicable.

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Passive Restraint Seatbelts				
Airbag – Driver side only				
Airbag – Driver and passenger				
Anti-theft Alarm Passive disabling				
Anti-theft Alarm Active disabling				
Anti-lock brakes				
Daytime Running Lights				
Defensive Driving Credit				
Other:				

Please send proof for all discounts to which you are entitled.

Thank you.

*Please use this space for any additional comments:*

Insured's Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Email the completed Questionnaire to [AutoRenewalQuest@InterboroInsurance.com](mailto:AutoRenewalQuest@InterboroInsurance.com)

-OR-

Fax the completed Questionnaire to Interboro Insurance Company at 516-746-1884