



NOVAK AGENCY, INC.



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AUTO INSURANCE QUESTIONNAIRE

Name: _____
 Address: _____
 Telephone: _____

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
1. Year, make & model of each vehicle plus the ID Number.				
2. How far one way to work or pleasure use?				

3. Type of coverage you currently have?				
• Liability Limit				
• Medical Payments Limit				
• Uninsured Motorists Limit				
• Underinsured Motorists Limit				
• Comprehensive Deductible				
• Collision Deductible				
• Towing				

4. List all drivers in your household. Include age, date of birth, driver's license number & Social Security Number for each:

5. When is your Auto insurance due? _____

6. Has any driver in the household had driving violations or accidents in the past 5 years? Yes No
 If so, please give details:

7. If you have children driving, do they qualify for good student discount (B average or better)? Yes No

8. Do you smoke? Yes No

Thank you for your time in getting this information to us. Please return this form to the address above and we will get back to you as soon as possible with a rate.