



Group Personal Individual Questionnaire

Name:

Primary Residence Address:

1. Number of residences owned or leased and occupied by you? _____

2. Number of residences owned and not occupied by you? _____

3. Number of licensed vehicles owned or leased by you, or a member of your family living in a residence owned or leased by you? _____

4. How many family members are licensed drivers? (Include all dependents and family members living in residences you own or lease) _____

5. How many licensed drivers are under 25 years of age? _____

6. How many recreational vehicles do you own? (Non-licensed for road use) _____

7. How many watercraft do you own? How many are 26 feet or more or over 50 engine rated horsepower or more? _____

8. List all motor vehicle violations for all licensed drivers for the past three (3) years?

9. List all Liability Claims under your homeowners, personal automobile or watercraft policies?

Signature _____

Date _____