



# KENTUCKY FARM BUREAU COMPANIES AUTOMOBILE INSURANCE QUESTIONNAIRE

Agent's Name: John Wood

County: Fayette

1. Please give the name of your current insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

2. Have you ever been insured with Kentucky Farm Bureau?  YES

NO

a. If YES, give name of person insured: \_\_\_\_\_ Date Insured: \_\_\_\_\_

3. How did you hear about Kentucky Farm Bureau? \_\_\_\_\_

4. Have you or any driver or member of your household: (If YES, please describe):

	last 5 years		DATE		
	YES	NO	MO	DAY	YR
Speeding					
Driving while intoxicated or under influence of drugs					
Reckless driving					
Improper driving of any nature					
Other - Describe					
b. Ever been charged with any non-motor vehicle offense					
c. Had insurance cancelled or refused					
d. Had driver's license suspended or revoked					
e. Been involved in a vehicle accident in the last five years					
f. Had glass breakage loss or hail damage loss					

COMMENTS:

At fault       Not at fault

5. Describe any physical or mental impairment: \_\_\_\_\_

6. How many persons in your household? \_\_\_\_\_

7. List the following for each driver:

NAME	DATE OF BIRTH	# YRS LICSD	NAME AND ADDRESS OF EMPLOYER	HOW LONG EMPLOYED?	DISTANCE DRIVEN WORK/SCHOOL	VEHICLE PRINCIPALLY DRIVEN

8. List names and date of birth of persons, over 15 years old, NOT licensed to drive:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

9. List all vehicles owned in your household:

YEAR	MAKE	MODEL	TITLEHOLDER	WHERE GARAGED

10. How long have you lived at your current address? \_\_\_\_\_

11. Do you own  or rent  If own, how many acres? \_\_\_\_\_

If less than 3 years, give previous address: \_\_\_\_\_

I, the undersigned applicant for motor vehicle insurance, certify by my signature that I have answered all questions truthfully and to the best of my knowledge. I understand that findings contrary to the above could jeopardize my coverage resulting in higher rates or cancellation.

\_\_\_\_\_  
Witness (if signed outside insurance office)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applicant's current address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_