



**Auto Insurance Fact Finder**  
 Email or Fax Completed Form  
[info@michellecrawfordbenefits.com](mailto:info@michellecrawfordbenefits.com)  
 Fax: 706-568-9979

**General Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Highest Level of Education: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 How many years in current occupation? \_\_\_\_\_

**Current Insurance Information**

Company Name: \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
 Liability: \_\_\_\_\_ UN/UIM: \_\_\_\_\_ Comp Ded: \_\_\_\_\_ Collision Ded: \_\_\_\_\_ MedPay: \_\_\_\_\_  
 Policy Expiration Date: \_\_\_\_\_ Own or Rent: \_\_\_\_\_ Time at Address: \_\_\_\_\_

**Household Information**

Name	Date of Birth	Marital/ Dep	Driver's License	Social Security #

**Vehicle Information**

	Year	Make	Model	VIN	Usage	Miles T/F	Annual Miles	Primary Driver
1								
2								
3								
4								

**Tickets, Accidents, or Claims Last 5 Years**

Date	Driver	Type of Incident	Payout Amount	Vehicle

**Coverage Information**

	Liability	UN/UIM	MedPay	Comp. Ded	Collision Ded	Towing	Rental
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$

Visit our Website at [www.michellecrawfordbenefits.com](http://www.michellecrawfordbenefits.com) for additional sales tools.