



Perry Insurance Agency, LLC.

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North Andover, MA 01845

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Auto Insurance New Business Questionnaire

Client Name: _____ Phone Number: _____

Date of Birth: _____ License #: _____

Property Address: _____

Licensed Household members: _____

Vehicle Year: _____ Vehicle Make: _____

VIN #: _____

SDIP Points: _____

Member of Triple A: _____ If Yes, Triple A Number: _____

Account Credit: _____

Miles Driven Per Year: _____

Losses (3,5 years): _____

Pay Plan(eft, 1 pay etc.): _____

Rideshare(lyft, uber etc.): _____

Electronic receipt of documents(email): _____

***Ever been cancelled for non payment: _____**

***When/Earned Premium: _____**

***With which carrier? _____**

Prior Carrier: _____ Years: _____

Current Premium Amount:_____

Current Coverages:_____