

YOUR INSURANCE AGENCY - 01234



0000001

WESTFIELD
INSURANCE
A member of Westfield GroupSM

JOHN Q PUBLIC
1000 MAIN STREET
ANYTOWN, US 11111

POLICY NUMBER: YOUR POLICY
RENEWAL DATE: 06/01/06

PLEASE RESPOND BY: FEBRUARY 1, 2006

A. VEHICLE INFORMATION: (update information above and below) Please make changes directly on this questionnaire.

| VEHICLE DESCRIPTION CLASS | #1 | #2 | #3 |
|---|---|---|---|
| | 04 FORD 814120 | 05 CHEVY P/U 877120 | |
| 1. Are any vehicles kept at a location other than above address? (If yes, state where) GARAGED ELSEWHERE | <input type="checkbox"/> No <input type="radio"/> Yes | <input type="checkbox"/> No <input type="radio"/> Yes | <input type="checkbox"/> No <input type="radio"/> Yes |
| 2. How many DAYS PER WEEK is vehicle driven to work, school or commuter point? DAYS TO WORK / SCHOOL | days | days | days |
| 3. How many MILES is vehicle driven to work, school, etc. one-way? ONE-WAY MILEAGE | miles | miles | miles |
| 4. If vehicle is driven to work, school or commuter point, show street address driven to here:(include city, state & zip) STREET ADDRESS CITY, STATE & ZIP | | | |
| 5. Is vehicle used in a participating carpool? (If yes, how often is it driven in a carpool?) CARPOOL | <input type="checkbox"/> No <input type="radio"/> Yes | <input type="checkbox"/> No <input type="radio"/> Yes | <input type="checkbox"/> No <input type="radio"/> Yes |
| 6. Is vehicle used for any business use or commercial purpose? BUSINESS USE | <input type="checkbox"/> No <input type="radio"/> Yes | <input type="checkbox"/> No <input type="radio"/> Yes | <input type="checkbox"/> No <input type="radio"/> Yes |
| 7. If yes to question 6, what is the radius and type of use? (sales calls, deliveries, other...) RADIUS OF USE TYPE OF USE | | | |
| 8. Is vehicle kept on a farm and used for farming? FARMING | <input type="checkbox"/> No <input type="radio"/> Yes | <input type="checkbox"/> No <input type="radio"/> Yes | <input type="checkbox"/> No <input type="radio"/> Yes |
| 9. List the name of the Titleholder of each vehicle: TITLEHOLDER NAME | | | |

B. DRIVER INFORMATION: Provide information on ALL Operators and Members of your household with a drivers license.

| Full name | Relation to Insured | Date of Birth | Sex | Marital Status | Years Driving | Driver Trng | % of Driving | | | Occupation | How to work, School, etc. |
|--------------|---------------------|---------------|-----|----------------|---------------|---|--------------|---|---|------------|---------------------------|
| | | | | | | | 1 | 2 | 3 | | |
| 1) JOHN Q | | 08/21/1965 | M | M | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 2) MARY A | | 07/27/1966 | F | M | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 3) JOHN Q JR | | 11/08/1987 | M | S | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 4) | | | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |

% Usage per vehicle must total 100% 100% 100% by column.

C. NON DRIVER INFORMATION: Please list information on ALL members of your household without a drivers license.

| If NONE Check Here | Full name | Relation to Insured | Date of Birth | Marital Status | How to Work, School, Etc... | If Driving Age, What is the Reason They are Not Licensed |
|--------------------------|-----------|---------------------|---------------|----------------|-----------------------------|--|
| <input type="checkbox"/> | 1) | | | | | |
| | 2) | | | | | |

D. ANY CHILDREN ATTENDING SCHOOL AWAY FROM HOME: (college, boarding school, military school, etc...)

| Full Name | Distance from Home | Have Vehicle At School | Which Vehicle Year - Make | Full Name | Distance from Home | Have Vehicle At School | Which Vehicle Year - Make |
|-----------|--------------------|--|---------------------------|-----------|--------------------|--|---------------------------|
| 1) | miles | <input type="checkbox"/> N <input type="radio"/> Y | | 2) | miles | <input type="checkbox"/> N <input type="radio"/> Y | |

E. ANY OTHER VEHICLES IN THE HOUSEHOLD: Please list ALL vehicles in your household not listed in Section A.

| Year and Make/Model | Owner's Name | Principal Oper/User | What Company Veh Insured with | Year and Make/Model | Owner's Name | Principal Oper/User | What Company Veh Insured with |
|---------------------|--------------|---------------------|-------------------------------|---------------------|--------------|---------------------|-------------------------------|
| 1) | | | | 2) | | | |

REMARKS

Please use reverse side if additional space or comments are needed. Phone Number (972) 111-2222 EST

Signature _____ Date: _____