National General Insurance

Underwriting Verification Questionnaire

Please allow 7 - 10 business days to process your request.

Quote Number:

Please mail a completed questionnaire and all required documentation to the address on page 2.

Electronic copies (Fax/Email) will not be accepted

AGENCY INFORMATION (complete this section only if applicable)

AGENCY NAME _____ PRODUCER _____ Phone #_____

AGENCY NUMBER-PRODUCER CODE _____ AGENCY E-MAIL_____

DRIVER INFORMATION

NAME _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

E-MAIL ADDRESS _____ PHONE NUMBER _____ WORK NUMBER _____

Has Insured moved within the past 6 months (Yes/No)? _____ If yes, list previous zip code: Zip Code _____

VEHICLE INFORMATION

	Year	Make	Model	Serial (VIN) Number	Usage (Pleasure/Business)
Vehicle 1					
Garaging Address/Zip Code (If different from mailing address above)					
Vehicle 2	Year	Make	Model	Serial (VIN) Number	Usage
Garaging Address/Zip Code (If different from mailing address above)					
Vehicle 3	Year	Make	Model	Serial (VIN) Number	Usage
Garaging Address/Zip Code (If different from mailing address above)					
Vehicle 4	Year	Make	Model	Serial (VIN) Number	Usage
Garaging Address/Zip Code (If different from mailing address above)					
Vehicle 5	Year	Make	Model	Serial (VIN) Number	Usage
Garaging Address/Zip Code (If different from mailing address above)					

DRIVER AND HOUSEHOLD MEMBER INFORMATION - List all persons of eligible driving age or permit age.

Name as shown on license	Drivers License #	Lic State	Date Of Birth	Sex	Marital Status	Relationship to Named Insured

AT FAULT ACCIDENTS, NOT AT FAULT ACCIDENTS, VIOLATIONS, PRIOR PIP LOSSES, AND PRIOR COMPREHENSIVE CLAIMS HISTORY

Driver Name	Occurrence Date	List Date and Details of All Claims, Accidents (whether at faults or not) and Violations During Prior 35 Months	Coverage & Amt Paid for Damages	At Fault? (Yes/No)

VEHICLE QUESTIONS

	Yes	No
1. Is any vehicle leased or rented to others?	☐	☐
2. Is any vehicle regularly available to non-listed operators	☐	☐
3. Does any vehicle have a modified or altered engine or suspension?	☐	☐
4. Is any non-RV vehicle equipped with cooking equipment, bathroom facilities, or snow removal equipment?	☐	☐
5. Does any vehicle, other than an RV Type Towing type have greater than 1 ton load capacity?	☐	☐
6. Is any vehicle a dump truck, flatbed truck, or stakebed truck?	☐	☐
7. Is any vehicle used as a taxi or limousine?	☐	☐
8. Is any vehicle used for delivery or pick-up of goods?	☐	☐
9. Is any vehicle used for livery?	☐	☐
10. Is any vehicle used as an emergency vehicle	☐	☐
11. Is any vehicle used for racing?	☐	☐
12. Is any vehicle used to haul explosives, magazines, newspapers, or mail?	☐	☐
BUSINESS OR ARTISAN USE ONLY		
13. Are all vehicles owned/leased by the named insured and/or their spouse?	☐	☐
14. Is any vehicle driven by employees or co-workers?	☐	☐
15. Average number of job sites visited per day?	_____	

Mandatory Required Documentation - Please Include the Following

1. Copy of driver's license for all listed operators
2. Copy of vehicle registration or title for all listed vehicles
3. Police report or statement from insurance company in the event of an not at fault accident
4. A declarations page or renewal offer showing six months of continuous coverage; if a driver has not had 6 months of continuous insurance please submit an explanation as to why they have not had 6 months continuous coverage.
5. Proof of residency for the Named Insured in instances where the address on the driver's license does not match either the garaging address or the primary residence address (copy of utility bill, rental / lease agreement, mortgage document, etc.)
6. A signed statement from a licensed Physician is required for any driver over the age of 75, stating they can safely operate a motor vehicle

DRIVER'S CERTIFICATION - PLEASE READ CAREFULLY

I agree that all the answers to all questions in this document are true and correct. I further agree that all persons age 15 years or older who live with me as well as all operators of the vehicles listed in this questionnaire that do not reside in my household are shown above. Additionally, I have reported any business or commercial use of my vehicle to the Company.

DRIVER'S SIGNATURE _____ DATE: _____

Please **mail** a completed questionnaire and all required documentation to the address below. Once this questionnaire is reviewed National General Insurance will contact either the Agency or the Insured.

Electronic copies (Fax/Email) will not be accepted

National General Insurance
PO Box 3199
Winston-Salem, NC 27101