

F. Darrell Lindsey U.S. Licensed Producer/Broker	ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.
www.LLLindsey.com	

PERSONAL AUTO

DISCOVERY QUESTIONNAIRE

“NOT FOR BUSINESS AUTO OR COMMERCIAL USED VEHICLES”

THIS IS FOR QUOTATION PURPOSES ONLY – THIS IS NOT A BINDER SIC CODE #: _____

Complete the following information if you would like to obtain a quote on an Auto insurance policy. All information provided on this information sheet is confidential and will be used solely for the purpose of developing a quote for you.

This quote is for small to medium size vehicles, vans, pick-up trucks, four wheel drives and station wagons used for personal use not related to business and registered to you or a household family member. If your vehicle doesn't fit into this category, select:

1. Garaging Information Proposed Effective Date: _____

2. Applicant's Name: _____

Garaging Address: _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ County: _____

Business Phone: () _____ FAX: () _____

3. Physical Location where you live (if different) _____

4. Population within 50 miles: _____ Your Web Site: _____

5. Other locations used:

Physical address: _____

City: _____ State: _____ ZIP: _____

Physical address: _____

City: _____ State: _____ ZIP: _____

DRIVER INFORMATION:

Driver #1:

Name: _____ Gender: Male Female

Birthdate: _____ Marital Status: _____ Occupation: _____

Years Licensed: _____ State Licensed: _____

Driver #2:

Name: _____ Gender: Male Female

Birthdate: _____ Marital Status: _____ Occupation: _____

Years Licensed: _____ State Licensed: _____

National Headquarters F. Darrell Lindsey LLL Insurance Services P.O. Box 526357 Salt Lake City, Utah 84152-6357 PH: 866-937-7037 / FX: 866-937-7010	1	Form # LLL-A-144-04/06/2006
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Driver #3:

Name: _____ Gender: Male Female
Birthdate: _____ Marital Status: _____ Occupation: _____
Years Licensed: _____ State Licensed: _____

Driver #4:

Name: _____ Gender: Male Female
Birthdate: _____ Marital Status: _____ Occupation: _____
Years Licensed: _____ State Licensed: _____

Driver #5:

Name: _____ Gender: Male Female
Birthdate: _____ Marital Status: _____ Occupation: _____
Years Licensed: _____ State Licensed: _____

VEHICLE INFORMATION:

Vehicle #1:

Year: _____ Make: _____ Model: _____ I.D. Number: _____
Value: \$ _____ Vehicle Status (Stock or Modified) _____
Is this vehicle secured in a locked garage? Yes No Miles per Year _____
Ownership: _____

Vehicle #2:

Year: _____ Make: _____ Model: _____ I.D. Number: _____
Value: \$ _____ Vehicle Status (Stock or Modified) _____
Is this vehicle secured in a locked garage? Yes No Miles per Year _____

Vehicle #3:

Year: _____ Make: _____ Model: _____ I.D. Number: _____
Value: \$ _____ Vehicle Status (Stock or Modified) _____
Is this vehicle secured in a locked garage? Yes No Miles per Year _____

Vehicle #4:

Year: _____ Make: _____ Model: _____ I.D. Number: _____
Value: \$ _____ Vehicle Status (Stock or Modified) _____
Is this vehicle secured in a locked garage? Yes No Miles per Year _____

VIOLATION INFORMATION:

Last three (3) years (minor violations).

Last five (5) years (major violations).

	Driver #1	Driver #2	Driver #3	Driver #4
Minor violations – speeding, turn, stop sign, red light, etc.				
Accidents – non chargeable				

Accidents – chargeable				
Major violations – drunk driving, reckless, hit & run, etc.				

COVERAGE INFORMATION:

	Bodily Injury	Property Damage
Personal Liability Limits		
Uninsured Motorist Limits		
Medical Payment Limits		

DEDUCTIBLE INFORMATION:

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Comp (theft)				
Collision				

MISCELLANEOUS INFORMATION:

Current Insurance Company:	
Expiration Date:	Mo: Day: Yr:
Current Premium:	\$
Questions or Comments:	

Please let us know the best time to call and discuss your quote:

Morning Afternoon Evening Anytime Other: _____

STATE LICENSED AGENT
F. DARRELL LINDSEY – ALL STATES
P. O. Box 526357
Salt Lake City, UT 84152-6357
PH: 866-937-7037
FX: 866-937-7010
E-Mail: fdl@LLLindsey.com

California Office License No#: OC13511 – Robby L. Lindsey
Other States: F. Darrell Lindsey – See U.S. Map on the Web Site

National Headquarters
LLL Insurance Services
F. Darrell Lindsey
P.O. Box 526357
Salt Lake City, Utah 84152-6357
PH: 866-937-7037 • FX: 866-937-7010

FRAUD WARNING

NOTICE TO ALL STATES INCLUDING SPECIAL NOTICE TO ARKANSAS, COLORADO, FLORIDA, KENTUCKY, MAINE, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND MAY BE SUBJECT TO SUBSTANTIAL CIVIL FINES AND CRIMINAL PENALTIES."

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Questionnaire, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a sub-limit of liability for certain exposures, (ii) quote certain coverage(s) with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

Dated: _____
Applicant:

Dated: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name