



**Cheval**  
**INSURANCE SERVICES, INC.**

EQUESTRIAN, SPORTS, AND RECREATIONAL INSURANCE

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CA Lic. # OC94257

**AUTO INSURANCE QUESTIONNAIRE**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Fax \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ SS# \_\_\_\_\_

1. Please specify below what limits you want for each coverage

Liability Limits BI and PD \_\_\_\_\_  
Medical Payments per person \_\_\_\_\_  
Uninsured Motorist BI \_\_\_\_\_  
Collision deductible desired \_\_\_\_\_  
Comprehensive deductible desired \_\_\_\_\_  
Towing & Labor \_\_\_\_\_  
Rental Car coverage per day / # days \_\_\_\_\_  
Hired/Borrowed Liability (business auto only) \_\_\_\_\_  
Non-Owned Auto Liability (business auto only) \_\_\_\_\_  
Other \_\_\_\_\_

2. Please provide information on ALL drivers to be covered on this policy

|    | Name | Date of Birth | Drivers License # and State | Vehicle(s) Driven |
|----|------|---------------|-----------------------------|-------------------|
| 1. |      |               |                             |                   |
| 2. |      |               |                             |                   |
| 3. |      |               |                             |                   |
| 4. |      |               |                             |                   |
| 5. |      |               |                             |                   |

3. Please provide complete information on each vehicle to insure. You must include the complete VIN number to obtain a quote. Indicate what coverages you desire for each vehicle and what deductibles you want for Comp and Collision. If any vehicles have special equipment or customization (e.g. roll-along package, towing equipment, special paint, after market sound systems), please describe completely with original cost in space below.

|    | Vehicle Year, Make Model and VIN | Liab.                    | Med Pmts                 | Unins Motorist           | Comp Ded. | Coll. Ded. | Towing Labor             | Rental Car per day / # days | Other |
|----|----------------------------------|--------------------------|--------------------------|--------------------------|-----------|------------|--------------------------|-----------------------------|-------|
| 1. |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |            | <input type="checkbox"/> |                             |       |
| 2. |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |            | <input type="checkbox"/> |                             |       |
| 3. |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |            | <input type="checkbox"/> |                             |       |
| 4. |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |            | <input type="checkbox"/> |                             |       |
| 5. |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |            | <input type="checkbox"/> |                             |       |
| 6. |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |            | <input type="checkbox"/> |                             |       |
| 7. |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |            | <input type="checkbox"/> |                             |       |
| 8. |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |            | <input type="checkbox"/> |                             |       |

Special Equipment by vehicle #

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4. If any vehicle is leased or has a loan on it, please provide the lender's or lessor's name, mailing address and account number. Specify if they are lender or lessor.

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5. Is there a vehicle maintenance program in place? If yes, describe. \_\_\_\_\_
6. Do any vehicles require DMV/PUC or ICC filings? If yes, provide details or attach prior filing notice \_\_\_\_\_
7. Are any vehicles owned but not listed on this application? If yes, where are they insured? \_\_\_\_\_
8. Have you had any auto insurance declined, cancelled or nonrenewed in the past 3 years? If yes, explain. \_\_\_\_\_
9. Has any driver listed above been issued a ticket or been involved in an accident in the past 3 years? \_\_\_\_\_

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10. Which drivers are nonsmokers? \_\_\_\_\_

11. Do any vehicles have protective devices such as antilock brakes, dual airbags, alarm/security system, Lojack? Describe.

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12. If applicant is other than an individual or couple, please provide type of business entity and names of all partners, members or officers.

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**13. Please provide proof of continuous insurance coverage for auto by attaching current auto ID card or policy declarations page. This is required information.**

I understand that the above information will form the basis for an application for auto insurance and attest that this information is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information may result in declination of coverage or claim, or a change in premium that may be quoted for auto coverage. I give permission for an Insurance Company to which this may be submitted can run a credit report for the purposes of underwriting and quoting an auto policy.

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Signature of Applicant

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Date