

**Bain Agency, Inc  
PO Box 2016  
Bismarck, ND 58502  
Fax 701-223-0284**

**Please return by mail or fax.**

**Automobile Survey**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Please list all Driver's Names, Dates of Birth, Driver's License #'s and Social Security #'s \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all accidents or violations for all drivers in the last 3 years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been continuously insured for the last 6 months \_\_\_\_\_

List the Year, Make, Model and VIN # for each vehicle \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list which coverage is desired for each vehicle, including deductibles (liability only, full coverage, towing or rental) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is the Primary Driver of Each Vehicle \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do any of the vehicles have a loan? \_\_\_\_\_