



Auto Insurance Fact Finder
 Email or Fax Completed Form
Kenny@cunninghaminsuranceinc.com
 Fax: 706-320-3848

General Information

Name: _____ Home Phone: _____
 Email: _____ Work Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Highest Level of Education: _____ Occupation: _____
 How may years in occupation? _____

Current Insurance Information

Company Name: _____ Annual Premium: _____
 Liability: _____ UN/UIM: _____ Comp Ded: _____ Collision Ded: _____ MedPay: _____
 Policy Expiration Date: _____ Own or Rent: _____ Time at Address: _____

Household Information

Name	Date of Birth	Martial/ Dep	Driver's License	Social Security #

Vehicle Information

	Year	Make	Model	VIN	Usage	Miles T/F	Annual Miles	Primary Driver
1								
2								
3								
4								

Tickets, Accidents, or Claims Last 5 Years

Date	Driver	Type of Incident	Payout Amount	Vehicle

Coverage Information

	Liability	UN/UIM	MedPay	Comp. Ded	Collision Ded	Towing	Rental
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$

Visit our Website at www.cunninghaminsuranceinc.com for additional sales tools.