

Private Passenger Automobile Policy Supplemental Underwriting Checklist

Yes No

___	___	Are all of your vehicles solely titled to you?
___	___	Are any vehicles titled to you and/or leased or loaned to others?
___	___	Are any of your vehicles used for business other than driving to/from work?
___	___	Do you have a company car?
___	___	Do we presently insure all of the vehicles in your household?
___	___	Have you been advised to add new drivers when they get licensed? (even those away at school)
___	___	Are any members of your household away at school? <i>Does the car remain at home? Name of the school? Miles to the school?</i>
___	___	Are all licensed drivers in household listed on your Auto Policy?
___	___	Do any of your vehicles have customized equipment?
___	___	Do you own any recreational vehicles, motorcycles, golf carts, or four wheelers?
___	___	Do these policy limits differ from your prior or current policy?
___	___	Do you require Gap Coverage? If available/eligible?
___	___	Would you like to increase your current deductible?
___	___	Did you purchase towing reimbursement?
___	___	Did you purchase rental reimbursement?
___	___	Did you purchase Uninsured/Underinsured motorist coverage?
___	___	Did you purchase the ENHANCEMENT/Erie AUTO PLUS endt.?
___	___	Is home insured with us? If YES, do you have/want Identity Theft coverage? _____ (Client Initials) If no, would you like a quote for home insurance?
___	___	Discussed/explained the benefits of purchasing a Personal Catastrophe Liability policy?
___	___	Have you experienced any life changes(marriage, children, new job, job loss, divorce, etc. Your Life Insurance needs may have changed, can I quote you?) _____ (Client Initials)
___	___	Have you given us permission (written or verbal consent) to speak to a third party?
___	___	CLIENT EMAIL ADDRESS: _____

COMMENTS:

Signature of Client	_____	Date	_____
Parent/Guardian Signature (if client is under age 18)	_____	Date	_____
Signature of Agent	_____	Date	_____