

Policy No.:  
Policy Period:

Agent No.:  
Agent Name:  
Agent Telephone:

Office Use Only  
\_\_\_\_ 01 \_\_\_\_ 02

**Please complete the shaded areas of this questionnaire in their entirety and mail it to us in the enclosed, postage-paid envelope by \_\_\_\_\_ or fax to the Auto Renewal department at 1-866-333-3743.**

**THESE ARE THE DRIVERS CURRENTLY LISTED ON YOUR POLICY:**

NAME	DRIVER'S LICENSE NO.	RELATIONSHIP TO YOU	PLEASE LIST THESE DRIVERS' SOCIAL SECURITY NUMBERS:
Name ( 1 )			
Name ( 2 )			
Name ( 3 )			
Name ( 4 )			

**ARE THERE DRIVERS IN YOUR HOUSEHOLD NOT LISTED ABOVE AND NOT INSURED WITH ERIE? IF SO, PLEASE LIST THEM:**

NAME	BIRTH DATE	DRIVER'S LICENSE NO.	RELATIONSHIP TO YOU	SOCIAL SECURITY NO.	INSURANCE COMPANY

	Year: Auto1: Model: Rate Class:	Year: Auto2: Model: Rate Class:	Year: Auto3: Model: Rate Class:	Year: Auto4: Model: Rate Class:
Are your vehicles driven to work, school or a commuter point? If yes, how many days per week? How many miles <b>one</b> way? Who most often drives vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No days miles	<input type="checkbox"/> Yes <input type="checkbox"/> No days miles	<input type="checkbox"/> Yes <input type="checkbox"/> No days miles	<input type="checkbox"/> Yes <input type="checkbox"/> No days miles
Are vehicles used in any way for business? If yes, how?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the name and street address of the workplace, school, or commuter point to which each vehicle is driven?	Employer/ School: Street Address: City: State: Zip Code:			

**Please use the workspace below for figuring annual miles. NOTE: The average car in the USA is driven 12,500 miles per year.**

1. Current odometer reading	_____ miles	_____ miles	_____ miles	_____ miles
2. Odometer reading at purchase	- _____ miles	- _____ miles	- _____ miles	- _____ miles
3. Subtract 2 from 1	= _____ miles	= _____ miles	= _____ miles	= _____ miles
4. Years owned	_____ years	_____ years	_____ years	_____ years
5. Annual mileage (3 divided by 4)	_____ miles	_____ miles	_____ miles	_____ miles

Please list any vehicles that you own which are not insured with ERIE:

Please provide your business or work phone number (optional):

Please provide your home phone number:

Please provide your cellular phone number (optional):

Please provide your email address (optional):

**IF YOU HAVE ANY ADDITIONAL COMMENTS, PLEASE WRITE THEM HERE:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_