



**P A L I S A D E S**

The Nice New Jersey Car Insurance Company.

# Auto Insurance Renewal Questionnaire

Palisades Safety and Insurance Association • Palisades Insurance Company • PO Box 48 • Newark, NJ 07101-0048

▶ **Please return by** \_\_\_\_\_  
To avoid an increase in policy premium or non-renewal of the policy you must complete, sign and return this questionnaire in its entirety.

Policy No. \_\_\_\_\_

Policy Period \_\_\_\_\_

**Policyholder**

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

**Agent**

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

• **Please PRINT and fill in any blank spaces** (You may use the reverse side of this form if more space is needed)

## Driver

Please include all household members and anyone who may use your vehicle(s) who are over age 14, licensed, not licensed or currently suspended.

Name	DOB	License Number	Current Auto Ins. Co.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Vehicle

Please include the odometer reading for each vehicle.

Vehicle Year, Make & Model	City Where Kept	Odometer Reading
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Homeowner

Providing this information may qualify you for additional discounts.

**Do you own your primary residence?** \_\_\_\_\_

**Homeowner Insurance Company** \_\_\_\_\_

**Homeowner Policy No.** \_\_\_\_\_

## Renewal Questionnaire Certification

**Any person who includes any false or misleading information on an application for Insurance is subject to criminal and civil penalties.**

I acknowledge that to the best of my knowledge and belief all information on this form, whether pre-filled or filled in by me, is accurate and true. I understand that this important element in determining my premium, and that my failure to confirm and provide complete and accurate information could result in loss of insurance coverage.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Named Insured \_\_\_\_\_ Email \_\_\_\_\_

Telephone Home \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

Please see other side

## Privacy Notification

A credit report or other investigation report about you may be requested in connection with the application for insurance and subsequent amendments and renewals. Credit information may be used to determine either your eligibility for insurance or the premium you will be charged. This information includes collections, foreclosures, bankruptcies, outstanding debt, length of credit history, types of credit in use and the number of application for credit. We use a third party in connection with the development of your insurance score. Any information which we, or our agents, may have or may obtain about you or other individuals listed as policyholder on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or if you have been issued a policy, please write us at the address provided with your policy.