**POLICY QUESTIONNAIRE** 

What was the year you were first licensed? \_\_

Please check one: ☑ I am not a member of the military ☐ I am an active member of the military ☐ I am a retired

☐ I have a high school diploma ☐ I have completed some college ☐ I have an Associate's degree ☐ I have a

What is the highest level of education you have completed? Please check one: 🗹 I do not have a high school diploma

If you are in college or graduate school, please check one: I am taking 🗌 less than 12 credits per semester 🗌 12 or

Are you a member of any organization or credit union that referred you to GEICO? If yes, please provide the name of

Membership #\_

Please check one: I work(ed) for a Merivate organization Municipality State or federal organization

Marital Status please check one; 

Single 
Married 
Separated 
Divorced 
Widowed

Have you ever held a license in another state ☐ No ☐ Yes If yes, what state? Miss are the

Have you ever held a license in another country? ☐ No ☐ Yes If yes what country? China

State New Jergey Zip UP976

E-mail address brand feng (V gm 5/-10m Home phone # 4117-62/- 30 3 Work # 90/-428-6563

Mailing Address: Street 21 Lake Are Apt 3 BCity Eart Brunswick

What year was it issued? 2012 What was the license number?

If retired what was your prior occupation or if self-employed what do you do?

If you are an active or a retired member of the military, please list your rank

☐ I have a Master's degree ☐ I have a JD, MD or PHD degree ☐ Vocational

What year was it issued? 20/2 What was the license number? \_\_\_\_

the organization that referred you: Organization \_\_\_\_\_

If yes, please check one: ☐ High school ☐ College ☐ Graduate school ☐ Other \_

If you are married, please provide the following about your spouse: Name Meiring Wa

What year did your spouse obtain their US license? \_\_\_\_\_\_\_ Issuing State \_\_\_\_\_\_\_ Has your spouse ever held a license.

Has your spouse ever held a license in another state? No Yes If yes, what state? Million

What year was it issued? \_\_\_\_ What was they year your spouse received their first license? \_\_\_\_

Name of Employer New Levy y Rand ten Transactation

Date of birth <u>0 6 / 17 / 1972</u>

Issuing State New Jecrey



Policy Number: 6181113926

Beihong

Cell # 401-428 -6563

Driver's license number

What year was it issued?

Government Grade

member of the military

Bachelor's degree

more credits

Current occupation Fork Litter

Are you currently a student? ☑ No ☐ Yes

Date of birth <u>(19 1 14 1 1473</u>

NAMED INSURED INFORMATION

Leny

What year did you obtain your US license? \_\_\_\_2024









002001618111392629080001977

ACUQuest (05-24)

Name of Employer	Spouse's Current occupation Humpin aker	
What is the highest level of education your spouse has completed? Please check one: Does not have a high school diploma	Name of Employer NJ Affinity care	•
Has a high school diploma   Has completed some college   Has an Associate's degree   Has a Bachelor's degree   Has a Master's degree   Has a JD, MD or PHD degree   Vocational		pouse has completed? Please check one: Does not have a high school
degree  Has a Master's degree   Has a JD, MD or PHD degree   Vocational  INSURANCE HISTORY  Have you ever had car insurance in your name, or listed as a driver on another policy before?   No   I did not need insurance previously   Yes If yes, please select one of the following.  I was insured with another company when I purchased my GEICO policy. If so, how long have you been with your current company?   <1 year   1 - 3 years   3 - 5 years   75 years   was insured under my parents' or another person's policy when I purchased my GEICO policy.   Was insured under my parents' or another person's policy when I purchased my GEICO policy. With GEICO?   No Yes If yes, policy #		
degree  Has a Master's degree   Has a JD, MD or PHD degree   Vocational  INSURANCE HISTORY  Have you ever had car insurance in your name, or listed as a driver on another policy before?   No   I did not need insurance previously   Yes If yes, please select one of the following.  I was insured with another company when I purchased my GEICO policy. If so, how long have you been with your current company?   <1 year   1 - 3 years   3 - 5 years   75 years   was insured under my parents' or another person's policy when I purchased my GEICO policy.   Was insured under my parents' or another person's policy when I purchased my GEICO policy. With GEICO?   No Yes If yes, policy #		ed some college  Has an Associate's degree Has a Bachelor's
Have you ever had car insurance in your name, or listed as a driver on another policy before? □ No □ I did not need insurance previously ☑ Yes If yes, please select one of the following: ☑ I was insured with another company when I purchased my GEICO policy. If so, how long have you been with your current company? □ < 1 year □ 1 − 3 years □ 3 − 5 years ☑ 5+ years I was insured under my parents' or another person's policy when I purchased my GEICO policy. With GEICO? ☑ No Yes If yes, policy # □ With roir insurance policy expired within 30 days of purchasing my GEICO policy. □ My prior insurance policy expired more than 6 months of purchasing my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired more than 6 months prior to my GEICO policy. □ My prior insurance policy expired within 6 months of purchasing my GEICO policy. □ My prior insurance policy expired within 6 months of purchasing my GEICO policy. □ My prior insurance policy expired within 6 months of purchasing my GEICO policy. □ My prior insurance policy expired within 6 months of purchasing my GEICO policy. □ My prior insurance policy expired within 6 months of purchasing my GEICO policy. □ My prior insurance policy expired my GEICO policy. □ My prior insurance policy expired my GEICO policy. □ My prior insurance policy expired my GEICO poli	degree	
Have you ever had car insurance in your name, or listed as a driver on another policy before?	☐ Has a Master's degree ☐ Has a JD, MD or	r PHD degree 🗌 Vocational
insurance previously	the second of th	
☐ I was insured with another company when I purchased my GEICO policy.  If so, how long have you been with your current company? ☐ < 1 year ☐ 1 - 3 years ☐ 3 - 5 years ☐ 5+ years I was insured under my parents' or another person's policy when I purchased my GEICO policy. With GEICO? ☐ No Yes If yes, policy #		
If so, how long have you been with your current company?	insurance previously Yes If yes, please sel	lect one of the following:
was insured under my parents' or another person's policy when I purchased my GEICO policy. With GEICO? ☑ No Yes If yes, policy #		
was insured under my parents' or another person's policy when I purchased my GEICO policy. With GEICO? ☑ No Yes If yes, policy #	If so, how long have you been with your curre	ent company?
Yes If yes, policy #	I was insured under my parents' or another pe	erson's policy when I purchased my GEICO policy. With GEICO? No
My prior insurance policy expired within 30 days of purchasing my GEICO policy.	Yes If yes, policy #	
My prior insurance policy expired within 6 months of purchasing my GEICO policy.   My prior insurance policy expired more than 6 months prior to my GEICO policy.   What was the name of your prior insurance company?	☑ My prior insurance policy expired within 30	days of purchasing my GEICO policy.
My prior insurance policy expired more than 6 months prior to my GEICO policy.   What was the name of your prior insurance company? AAA   What Bodily Injury Limits did you carry? 25/50 □ 50/100 □ 100/300 □ 250/500 Other:    ADDITIONAL DRIVER INFORMATION  Please list ALL operators of your vehicle, including those who do not reside with you:  Check here if no one else operates your vehicle(s): □ Name: □ Date of birth: □/□ Driver's license number: □ Driver's license State: □ What year did they obtain their US license?  Relationship to you: □ Has own car insurance? □ No □ Yes If yes, which vehicle?  Address: □ Date of birth: □/□ Driver's license number: □ Driver's license State: □ What year did they obtain their US license?  Relationship to you: □ Has own car insurance? □ No □ Yes If yes, which vehicle?  Address: □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes, If yes, which vehicle?  Address: □ Date of birth: □/□ Driver's license number: □ Driver's license State: □ What year did they obtain their US license?  Poriver's license number: □ Driver's license State: □ What year did they obtain their US license?  Relationship to you: □ Driver's license State: □ No □ Yes Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person have possession of a vehicle on your policy □ No □ Yes  Does this person	· · · · · · · · · · · · · · · · · · ·	
What was the name of your prior insurance company?		
Mhat Bodily Injury Limits did you carry? ☑ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500 Other:  ADDITIONAL DRIVER INFORMATION  Please list ALL operators of your vehicle, including those who do not reside with you:  Check here if no one else operates your vehicle(s): ☐ Date of birth: / /		
Please list ALL operators of your vehicle, including those who do not reside with you:  Check here if no one else operates your vehicle(s):  Name: Date of birth:/  Driver's license number: Driver's license State:  What year did they obtain their US license?  Relationship to you: Has own car insurance? No Yes  Does this person have possession of a vehicle on your policy No Yes  If yes, which vehicle? Date of birth:/  Driver's license number: Driver's license State:  What year did they obtain their US license? Relationship to you: Has own car insurance? No Yes  Does this person have possession of a vehicle on your policy No Yes, If yes, which vehicle? Address: Date of birth:/   Driver's license number: Date of birth:/   Poriver's license number: Date of birth:/   Mame: Date of birth:/   Poriver's license number: Driver's license State:   What year did they obtain their US license? Relationship to you: Has own car insurance? No Yes   Does this person have possession of a vehicle on your policy No Yes,   Priver's license number: Driver's license State:   What year did they obtain their US license?	What Bodily Injury Limits did you carry? 2 25	5/50 □ 50/100 □ 100/300 □ 250/500 Other:
Please list ALL operators of your vehicle, including those who do not reside with you:  Check here if no one else operates your vehicle(s):		
Check here if no one else operates your vehicle(s):  Name: Date of birth:/ Driver's license number: Driver's license State:  What year did they obtain their US license?  Relationship to you: Has own car insurance?  No Yes Does this person have possession of a vehicle on your policy No Yes  If yes, which vehicle?  Address: Date of birth:/ Driver's license number: Driver's license State:  What year did they obtain their US license?  Relationship to you: Has own car insurance? No Yes  Does this person have possession of a vehicle on your policy No Yes,  If yes, which vehicle?  Address: Date of birth:  Name: Date of birth:  Driver's license number: Driver's license State:  What year did they obtain their US license?  Relationship to you: Has own car insurance? No Yes  Does this person have possession of a vehicle on your policy No Yes,  Does this person have possession of a vehicle on your policy No Yes,  Does this person have possession of a vehicle on your policy No Yes,		
Name: Date of birth:/		
What year did they obtain their US license?	Check here if no one else operates your vehic	cle(s):
What year did they obtain their US license?	Name:	Date of birth:/
What year did they obtain their US license?	Driver's license number:	Driver's license State:
Relationship to you:	What year did they obtain their US license? _	
Does this person have possession of a vehicle on your policy \[ \text{No } \] Yes  If yes, which vehicle?  Address:  Name: \[ Date of birth: / /  Driver's license number: \[ Driver's license State: \]  What year did they obtain their US license?  Relationship to you: \[ Has own car insurance? \[ \text{No } \] Yes  Does this person have possession of a vehicle on your policy \[ \text{No } \] Yes,  If yes, which vehicle?  Address: \[ Date of birth: / /  Driver's license number: \[ Driver's license State: \]  What year did they obtain their US license?  Relationship to you: \[ Has own car insurance? \[ \text{No } \] Yes  Does this person have possession of a vehicle on your policy \[ \text{No } \] Yes,	Relationship to you:	
If yes, which vehicle?  Address:  Name: Diver's license number: What year did they obtain their US license?  Relationship to you: Has own car insurance? No Yes  Does this person have possession of a vehicle on your policy No Yes,  If yes, which vehicle?  Address: Name: Date of birth:  Driver's license State:  What year did they obtain their US license?  Relationship to you: Has own car insurance?  Date of birth:  Mate year did they obtain their US license?  Relationship to you: Has own car insurance? No Yes  Does this person have possession of a vehicle on your policy No Yes,	Does this person have possession of a vehicl	
Address: Name: Date of birth: Driver's license number: What year did they obtain their US license? Relationship to you: Has own car insurance? No Yes Does this person have possession of a vehicle on your policy No Yes, If yes, which vehicle? Address: Name: Date of birth: Driver's license number: Driver's license State: What year did they obtain their US license? Relationship to you: Has own car insurance? No Yes Does this person have possession of a vehicle on your policy No Yes,		, , ,
Name: Date of birth:/		
Driver's license number: Driver's license State: What year did they obtain their US license? Has own car insurance? No Yes  Relationship to you: Has own car insurance? No Yes,  If yes, which vehicle? No Yes,  If yes, which vehicle? Date of birth: / /_  Driver's license number: Driver's license State: What year did they obtain their US license? Has own car insurance? No Yes  Does this person have possession of a vehicle on your policy No Yes,	Name:	Date of birth: / /
What year did they obtain their US license?		
Relationship to you:		
Does this person have possession of a vehicle on your policy    No Yes,  If yes, which vehicle?  Address:  Name:  Date of birth:  Driver's license number:  What year did they obtain their US license?  Relationship to you:  Has own car insurance?  No Yes  Does this person have possession of a vehicle on your policy  No Yes,		
If yes, which vehicle?  Address:  Name:  Date of birth:  Driver's license number:  What year did they obtain their US license?  Relationship to you:  Has own car insurance?  No Yes  Does this person have possession of a vehicle on your policy No Yes,	Does this person have possession of a vehicl	
Address:		
Name: Date of birth://  Driver's license number: Driver's license State:  What year did they obtain their US license?  Relationship to you: Has own car insurance? No Yes  Does this person have possession of a vehicle on your policy No Yes,	Address:	
What year did they obtain their US license?  Relationship to you:  Driver's license State:  Has own car insurance?  No  Yes  Does this person have possession of a vehicle on your policy  No  Yes,	Name:	Date of hirth: / /
What year did they obtain their US license? Has own car insurance? _ No _ Yes Does this person have possession of a vehicle on your policy _ No _ Yes,	Driver's license number:	Driver's license State
Relationship to you: Has own car insurance?   No  Yes  Does this person have possession of a vehicle on your policy  No  Yes,	Diversional families.	Differ 5 licelise State.
Does this person have possession of a vehicle on your policy ☐ No ☐ Yes,	What year did they obtain their US license?	
	What year did they obtain their US license?	Has own car insurance?  No D Ves
	What year did they obtain their US license? _ Relationship to you:	Has own car insurance?   No  Yes

ACUQuest (05-24)

Check here if no one else resides with you:	
	Data of himbs 17417 11997
Driver's license number: T. 252, 796 20 54912	Date of birth: <u>041171/447</u> Driver's license State: <u>N</u> J
What year did they obtain their US license?	2017 7
current insurance card.	Has own car insurance? ☐ No ☑ Yes, include copy
	Data of high.
Driver's license number:	Date of birth:/
What year did they obtain their US lineage?	Driver's license State:
Polationship to your	Has own car insurance? ☐ No ☐ Yes, include copy o
current insurance card.	Has own car insurance? No Yes, include copy o
	Make a file falls
Name.	Date of birth:/ Driver's license State:
Driver's license number:	Driver's license State:
What year did they obtain their US license?	
Relationship to you:	Has own car insurance? ☐ No ☐ Yes, include cop
current insurance card.	
vame:	Date of birth:/ _Driver's license State:
Oriver's license number:	Driver's license State:
What year did they obtain their US license?	
Relationship to you:	Has own car insurance? 🔲 No 🗌 Yes, include copy of curre
nsurance card.	
. <u>.</u> .	
· ·	
	, and the second of the second





Please list the address where the vehicles are kept:  Street 21 Lake Are Ar 38	
State	Please list the address where the vehicles are kept:
State \( \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Street 21 Luke Ave APT 3B City East Bruswick
Was this vehicle purchased with the intent to resale? ☑ No ☐ Yes Are you the first titled and registered owner? ☐ No ☑ Yes If yes, miles one way: ☐ ☐ Days per week: ☐ How many miles per year do you put on the vehicle(s)? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	State NJ Zip VXXI b
Are you the first titled and registered owner? \ \ \text{No \ Yes} \ \ \text{Is this vehicle(s) ever driven to work, train, school, or carpool? \ \ \text{No \ Yes} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Is this vehicle(s) ever driven to work, train, school, or carpool? \[ \] No \[ \] Yes If yes, miles one way: \[ \frac{1}{2} \] Days per week: \[ \frac{1}{2} \] Primary Operator of vehicle: \[ \frac{1}{2} \] Primary Operator of vehicle operator: \[ \frac{1}{2} \] Primary Operator of vehicle: \[ \frac{1}{2}	
If yes, miles one way:   0	
How many miles per year do you put on the vehicle(s)?    Primary Operator of vehicle:   Pe   hang   many   miles per year do you put on the vehicle(s)?   Primary Operator of vehicle:   Pe   hang   many   miles per year do you put on the vehicle(s)?   Primary Operator of vehicle:   Pe   hang   many   many   miles per year do you put on the vehicle(s)?   Policy Number:   Policy Number:   Vehicle Year, Make and Model:   2 vi 3   7 o v o   (eRoLLA   Sed   2 TIB   v 4 EE   x x x x x x x x x x x x x x x x x	Is this vehicle(s) ever driven to work, train, school, or carpool? ☐ No ☑ Yes
Primary Operator of vehicle: Pe han pand  Occasional Operator: Meiron pand  Is the vehicle(s) located at a different address than your mailing address? No Yes  If yes, please provide the address:  Street	If yes, miles one way:Days per week:
State   City   State   City   State   Current Auto Insurance Company   Policy Number:    Vehicle Year, Make and Model: 2 1 3 7 1 4 (180 LLA SED 2718 V 4 2 4 2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4	How many miles per year do you put on the vehicle(s)?
Is the vehicle(s) located at a different address than your mailing address?  No Yes If yes, please provide the address:    Street	Primary Operator of vehicle: Be thang Feng
If yes, please provide the address:  Street	
StreetZip	Is the vehicle(s) located at a different address than your mailing address? ☑ No ☑ Yes
StateZip	If yes, please provide the address:
Name of titled owner if other than you:  Name	
Name	
Current Auto Insurance Company Policy Number:    Vehicle Year, Make and Model: 2 vl 3 70 vo (vRoLLA JED 2718 v vee ND(947242)  Was this vehicle purchased with the intent to resale? No Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? No Yes  If yes, miles one way: O Days per week: J  How many miles per year do you put on the vehicle(s)?	Name of titled owner if other than you:
Current Auto Insurance Company Policy Number:    Vehicle Year, Make and Model: 2 13 70 40 (2 RoLLA SED 2718 24 E XD(947242)  Was this vehicle purchased with the intent to resale? No Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? No Yes  If yes, miles one way: O Days per week:  How many miles per year do you put on the vehicle(s)?	Name Date of Birth / License or Permit #
Vehicle Year, Make and Model:	State
Was this vehicle purchased with the intent to resale? No Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? No Yes  If yes, miles one way: Days per week:  How many miles per year do you put on the vehicle(s)?	Current Auto Insurance CompanyPolicy Number:
Are you the first titled and registered owner? No (es) Is this vehicle(s) ever driven to work, train, school, or carpool? \_ No \_Yes If yes, miles one way: \ \overline{\text{O}} \_Days per week: \ How many miles per year do you put on the vehicle(s)? \ \overline{\text{V} \	
Is this vehicle(s) ever driven to work, train, school, or carpool? \[ \] No \[ \] Yes  If yes, miles one way: \[ \] Days per week: \[ \]  How many miles per year do you put on the vehicle(s)? \[ \]	***************************************
If yes, miles one way:	Was this vehicle purchased with the intent to resale? ☑ No ☐ Yes
How many miles per year do you put on the vehicle(s)?	Was this vehicle purchased with the intent to resale? ☑ No ☐ Yes  Are you the first titled and registered owner? No ��es)
Primary Operator of vehicle: Meirong Industrial Cocasional Operator: Peinong Industrial Cocasional Operator: Peinong Industrial Cocasional Operator: Peinong Industrial Cocasional Operator: Peinong Industrial Cocasional Operator: Penng Industrial Cocasional Ope	Was this vehicle purchased with the intent to resale? ☑ No ☐ Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? ☐ No ☑ Yes
Occasional Operator:	Was this vehicle purchased with the intent to resale? ☑ No ☐ Yes  Are you the first titled and registered owner? No ੴes  Is this vehicle(s) ever driven to work, train, school, or carpool? ☐ No ☑ Yes  If yes, miles one way: to Days per week:
Is the vehicle(s) located at a different address than your mailing address?  No Yes  If yes, please provide the address:  Street City  State Zip  Name of titled owner if other than you:  Name Date of Birth / License or Permit #  State State	Was this vehicle purchased with the intent to resale? ☑ No ☐ Yes  Are you the first titled and registered owner? No ੴes  Is this vehicle(s) ever driven to work, train, school, or carpool? ☐ No ☑ Yes  If yes, miles one way: ☐ ☐ ☐ Days per week: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
If yes, please provide the address:  Street City  State Zip  Name of titled owner if other than you:  Name Date of Birth/ License or Permit #  State	Was this vehicle purchased with the intent to resale? ☑ No ☐ Yes  Are you the first titled and registered owner? No (es)  Is this vehicle(s) ever driven to work, train, school, or carpool? ☐ No ☑ Yes  If yes, miles one way: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Street City State Zip Name of titled owner if other than you: Name Date of Birth/ License or Permit # State	Was this vehicle purchased with the intent to resale? No Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? No Yes  If yes, miles one way:  Days per week:  How many miles per year do you put on the vehicle(s)?  Primary Operator of vehicle:  Meirong Peng  Occasional Operator:
State Zip Name of titled owner if other than you: Name Date of Birth / License or Permit # State	Was this vehicle purchased with the intent to resale? ☑ No ☐ Yes  Are you the first titled and registered owner? No ੴes  Is this vehicle(s) ever driven to work, train, school, or carpool? ☐ No ☑ Yes  If yes, miles one way: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Name of titled owner if other than you:  Name Date of Birth / License or Permit #  State	Was this vehicle purchased with the intent to resale? No Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? No Yes  If yes, miles one way:    O
Name Date of Birth / License or Permit # State	Was this vehicle purchased with the intent to resale? No Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? No Yes  If yes, miles one way: Days per week: How many miles per year do you put on the vehicle(s)?  Primary Operator of vehicle: Meizong No  Occasional Operator: Peizong No  Is the vehicle(s) located at a different address than your mailing address? No Yes  If yes, please provide the address:  Street
State	Was this vehicle purchased with the intent to resale? ☑ No ☐ Yes  Are you the first titled and registered owner? No ❤es  Is this vehicle(s) ever driven to work, train, school, or carpool? ☐ No ☐ Yes  If yes, miles one way: ☐ ☐ Days per week: ☐ ☐  How many miles per year do you put on the vehicle(s)? ☐ ☐ ☐  Primary Operator of vehicle: ☐ ☐ e i hong ☐ eng  Is the vehicle(s) located at a different address than your mailing address? ☑ No ☐ Yes  If yes, please provide the address:  Street
	Was this vehicle purchased with the intent to resale? No Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? No Yes  If yes, miles one way:
Current Auto Incurance Company Policy Number	Was this vehicle purchased with the intent to resale? No Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? No Yes  If yes, miles one way:
Tolicy Number.	Was this vehicle purchased with the intent to resale? No Yes  Are you the first titled and registered owner? No Yes  Is this vehicle(s) ever driven to work, train, school, or carpool? No Yes  If yes, miles one way: Days per week:  How many miles per year do you put on the vehicle(s)?  Primary Operator of vehicle: Perhap Peng  Is the vehicle(s) located at a different address than your mailing address? No Yes  If yes, please provide the address:  Street City  State Zip  Name of titled owner if other than you:  Name Date of Birth / License or Permit #  State Date of Birth / License or Permit #

10
E 310m
Lilbe
64.7t
14.00
LLAY-YE

300

Vehicle Year, Make and Model:				_
Was this vehicle purchased with the intent to resale				
Are you the first titled and registered owner?   No				
Is this vehicle(s) ever driven to work, train, school, o				
If yes, miles one way: Days per	week:			
How many miles per year do you put on the vehicle	(s)?			
Primary Operator of vehicle:			Occasional Operator:	
Is the vehicle(s) located at a different address than	your mailing address?	] No ☐ Yes		
If yes, please provide the address:				
StreetZip	City			_ State
Zip				
Name of titled owner if other than you:				
Name	Date of Birth	<u>//_</u>	_ License or Permit#	
NameState				
Current Auto Insurance Company		Policy N	Number:	
Is this vehicle(s) ever driven to work, train, school, or If yes, miles one way: Days per How many miles per year do you put on the vehicle	week:			
Primary Operator of vehicle:			_Occasional Operator:	
Is the vehicle(s) located at a different address than	your mailing address?	] No 🗌 Yes	•	
If yes, please provide the address:				
Street	City			State
Zip				
Name of titled owner if other than you:				
Name	Date of Birth	1 1	License or Permit #	
State				
Current Auto Insurance Company	Policy Number: _			
- Carrone / tato modification of company				

<del>_</del>	,	icle Sharing 🗌 Oth	C1 D03111C33 C3C		
			<del>,, </del>		
u have additio	nal vehicles, please	include the above	information for t	hem in the space	below.
u have additio	nal vehicles, please	include the above	information for t	hem in the space	below.
u have additio	nal vehicles, please	include the above	information for t	hem in the space	below.
u have additio	nal vehicles, please	include the above	information for t	hem in the space	below.
u have additio	nal vehicles, please	include the above	information for t	hem in the space	below.
u have additio	nal vehicles, please	include the above	information for t	hem in the space	below.

ACUQuest (05-24) Page 6 of 8

The vehicle(s) I am insuring with GEICO was:	
🔲 Purchased recently from a dealer 🗌 Purchased recently from a private individual 🔟 Previous	sly owned and insured
by me	
If the vehicle was purchased from a dealership, please provide the following information:	
Dealership name and address:	
Name of salesperson:	-
If the policy was purchased at the dealer or an agency, select who completed the original GEIC	O application:
☐ Myself ☐ Dealership / Salesperson	
How did you purchase your GEICO policy?	
🗍 Consultant at car dealership 🗌 An insurance agency 🔲 I contacted GEICO on my own 🗹 Fa	mily member
I was referred to someone else. If so, please provide the information or	·
website	
Other:	
Name of person who completed application for you:	
Thinking Feng Who keyed the information into the sales application or spoke to the sales agent?	
If you used a dealership or an insurance agency, please provide the following:	
Name of establishment:	
Salesperson/Agent:	
Address:	
What method of payment did you use to start your GEICO policy? 🗌 My credit card 👿 My checl	_
A friend or family member's check or credit card $\Box$ The dealer's check or credit card $\Box$ The inst	urance agent's check
credit card	
What fee, if any, did you pay in addition to your down payment? $N_{2}$ $N_{2}$ $N_{3}$ in $I$	
f the policy was purchased at the dealer or an agency, did you complete the GEICO application	1?
Branch and the control of the contro	
f no, please provide the name of the person who completed it for you	
r no, please provide the name of the person who completed it for you Were you satisfied with how your insurance was purchased? Please check one:	<del></del>
Were you satisfied with how your insurance was purchased? Please check one:	
	ed



## Important Notice Regarding the Fair Credit Reporting Act:

In completing this questionnaire, it is understood that as part of our underwriting procedure, we may develop information using one or more of the following: physical inspection of the vehicle(s), consumer reports, motor vehicle records and independently maintained records of previously filed claims. You will be notified whenever information from a consumer reporting agency results in an adverse action. About this questionnaire, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.

Customer i	initials <u>B</u>	F							
	losed the re	quired documer <i>Feng</i>	ıts:	Date:	11-27-	2024			
All informa	ition contain	ed within this qu	estionnaire ar	nd within th	ne enclosed	d documents	is fully comp	lete and accur	ate to the
best of my	knowledge.	I understand th	at false or mis	leading in	formation m	nay be subje	ct to criminal	and/or civil per	nalties.
Signature:	Be thing	Flag		_ Date: _	11-27-	2024			