

POLICY QUESTIONNAIRE

Policy Number: 6181113926

NAMED INSURED INFORMATION

Name Beihong Feng Date of birth 06 / 17 / 1972
 Marital Status please check one: ☐ Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed
 Mailing Address: Street 21 Lake Ave Apt 3B City East Brunswick
 State New Jersey Zip 08816
 E-mail address brandfeng@gmail.com Home phone # 908-621-3038 Work # 908-428-6563
 Cell # 908-428-6563
 Driver's license number _____ Issuing State New Jersey
 What year did you obtain your US license? 2024
 Have you ever held a license in another state? ☐ No ☒ Yes If yes, what state? Mississippi
 What year was it issued? 2012 What was the license number? _____
 Have you ever held a license in another country? ☐ No ☒ Yes If yes what country? China
 What year was it issued? _____ What was the year you were first licensed? _____
 Current occupation Fork Lifter
 Name of Employer New Jersey Roadtex Transportation
 If retired what was your prior occupation or if self-employed what do you do?

Please check one: I work(ed) for a ☒ Private organization ☐ Municipality ☐ State or federal organization
 Government Grade _____

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

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

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

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

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

Are you currently a student? ☒ No ☐ Yes

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

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

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

If you are married, please provide the following about your spouse: Name Meirong Wu

Date of birth 09 / 14 / 1973

Driver's license number _____ Issuing State NJ

What year did your spouse obtain their US license? 2024

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

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

Has your spouse ever held a license in another country? ☐ No ☒ Yes If yes, what country? China

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

Spouse's Current occupation Homemaker

Name of Employer NJ Affinity care

What is the highest level of education your spouse has completed? Please check one: Does not have a high school diploma

☐ 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

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 ☒ 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 # _____

☒ My prior insurance policy expired within 30 days of purchasing my GEICO 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? 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

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,

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,

If yes, which vehicle? _____

Please list ALL household members that reside with you, even if they do not operate your vehicle:

Check here if no one else resides with you: ☐

Name: Zhiheng Feng Date of birth: 04/17/1997

Driver's license number: F25317960084972 Driver's license State: NJ

What year did they obtain their US license? 2023

Relationship to you: son Has own car insurance? ☐ No ☒ Yes, include copy of current insurance card.

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, include copy of current insurance card.

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, include copy of current insurance card.

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, include copy of current insurance card.

If you have additional drivers or household members, please include the above information for them in the space below.

VEHICLE INFORMATION

Please list the address where the vehicles are kept:

Street 21 Lake Ave APT 3B City East Brunswick
State NJ Zip 08816

Vehicle Year, Make and Model: 2015 HOND CRV 4V 4WD

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: 10 Days per week: 5

How many miles per year do you put on the vehicle(s)?

7000

Primary Operator of vehicle: Beihong Peng

Occasional Operator: Meirong Wu

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 _____

Current Auto Insurance Company _____ Policy Number: _____

Vehicle Year, Make and Model: 2013 Toyota Corolla SED 271B V4EE XDL947242

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: 10 Days per week: 5

How many miles per year do you put on the vehicle(s)? 6000

Primary Operator of vehicle: Meirong Wu

Occasional Operator: Beihong 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 _____

Current Auto Insurance Company _____ Policy Number: _____

Vehicle Year, Make and Model: _____

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: _____ 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 ____/____/____ License or Permit # _____
State _____

Current Auto Insurance Company _____ Policy Number: _____

Vehicle Year, Make and Model: _____

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: _____ 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 ____/____/____ License or Permit # _____
State _____

Current Auto Insurance Company _____ Policy Number: _____

If any of the vehicles are used for business use, please identify that vehicle below and provide a brief explanation as to the type of business use the vehicle is used for. Also include, if applicable, the type of goods, products, or clients/passengers that are carried and/or delivered.

☐ Rideshare ☐ Delivery ☐ Personal Vehicle Sharing ☐ Other Business Use

If you have additional vehicles, please include the above information for them in the space below.

VEHICLE AND INSURANCE PURCHASE INFORMATION

The vehicle(s) I am insuring with GEICO was:

☐ Purchased recently from a dealer ☐ Purchased recently from a private individual ☒ Previously 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 GEICO application:

☐ Myself ☐ Dealership / Salesperson

How did you purchase your GEICO policy?

☐ Consultant at car dealership ☐ An insurance agency ☐ I contacted GEICO on my own ☒ Family member

☐ I was referred to someone else. If so, please provide the information or website _____

☐ Other: _____

Name of person who completed application for you:

Zhibing 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 checking account

A friend or family member's check or credit card ☐ The dealer's check or credit card ☐ The insurance agent's check or credit card

What fee, if any, did you pay in addition to your down payment? None, I pay in full.

If the policy was purchased at the dealer or an agency, did you complete the GEICO application?

If 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:

☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☒ I was disappointed in the service I received

If you have additional information related to policy purchase, please include the information in the space below.



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 initials BF

I have enclosed the required documents:

Signature: Beihong Feng Date: 11-27-2024

All information contained within this questionnaire and within the enclosed documents is fully complete and accurate to the best of my knowledge. I understand that false or misleading information may be subject to criminal and/or civil penalties.

Signature: Beihong Feng Date: 11-27-2024