

**IMPORTANT - Please Return this Form****DRIVER AND VEHICLE QUESTIONNAIRE**

So we can complete your records and determine the proper rating classification, please supply all the following information.

**LIST ALL HOUSEHOLD RESIDENTS AND/OR DRIVERS AGE 15 AND OLDER:**

	<b>Resident/ Driver #1</b>	<b>Resident/ Driver #2</b>	<b>Resident/ Driver #3</b>	<b>Resident/ Driver #4</b>	<b>Resident/ Driver #5</b>	<b>Resident/ Driver #6</b>
Name	Srinivasan Karlekar	Sujata Naik	Esha Karlekar			
Date of Birth	08/15/1969	09/28/1969	02/04/2004			
Relation	INSURED	Spouse	Child			
Marital Status	Married	Married	Un Married			
Resides with You	SELF	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
Driver's License/ Permit Number	T65356470	J65356085	A62923266			
Issuing State	Virginia	Virginia	Virginia			
Number of Years Licensed	33	33	3.5			
If licensed less than 5 yrs., please provide orig. licensed date			08/06/2021			
DDC/DTC (a)						
GSD (b)						
Occupation (c)	Sr. Dir Software Engg	Retired	Student			

(a) If driver(s) has completed Driver Training Course or Defensive Driver Course, send completion certificate if not submitted earlier. (Driver Training and Defensive Driver discounts are not available in all states.)

(b) If a student, please complete the following section.

**PLEASE COMPLETE THE FOLLOWING IF THERE ARE STUDENTS AWAY AT SCHOOL WITH A VEHICLE:**

1. If student is away at school, indicate distance of school from your home: \_\_\_\_\_ miles.

School Name \_\_\_\_\_

City and State \_\_\_\_\_

2. How often do the students return home? \_\_\_\_\_

3. Please briefly describe the uses of the vehicle by the student(s). \_\_\_\_\_

4. Are fellow students carried? ☐ Yes ☐ No If "yes", describe situations in which driven. \_\_\_\_\_



**DESCRIBE VEHICLE (S) AND USAGE** (Please complete all information)

	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4	VEHICLE #5	VEHICLE #6
Year	2025	2017	2009			
Make	BMW	Lexus	Toyota			
Model	X5 50e PHEV	RX 450h	Sienna LE			
Vehicle Identification Number	5UX43EU03S9Z57333	2T2BGMCA4HC019728	5TDZK23C39S258686			
Registered Owners	Srinivasan Karlekar	Srinivasan Karlekar	Srinivasan Karlekar & Sujata Naik			
Location of Vehicle (City, State, County, Zip)	Ashburn, Virginia, Loudoun County, 20148	Ashburn, Virginia, Loudoun County, 20148	Ashburn, Virginia, Loudoun County, 20148			
Odometer Reading	35	76708	139462			
Estimated Annual Mileage	3000	1000	500			
Miles Driven to Work One Way	11	0	0			
Days Per Week	2	0	0			
Miles Driven to School One Way	0	0	0			
Days Per Week	0	0	0			

Please indicate, by checking the block, which driver operates which vehicle the most. Vehicle numbers correspond to the information you have filled in above. Also driver numbers should correspond to those drivers you listed on page one.

	Driver 1	Driver 2	Driver 3	Driver 4	Driver 5	Driver 6
<b>Vehicle #1</b>	Srinivasan Karlekar					
<b>Vehicle #2</b>		Sujata Naik				
<b>Vehicle #3</b>			Esha Karlekar			
<b>Vehicle #4</b>						
<b>Vehicle #5</b>						
<b>Vehicle #6</b>						

If there are any remaining drivers that have not already been shown as drivers on vehicles 1, 2, 3, 4, 5 or 6, please check the block of the vehicle they usually operate when they drive.

	Driver 1	Driver 2	Driver 3	Driver 4	Driver 5	Driver 6
<b>Vehicle #1</b>						
<b>Vehicle #2</b>						
<b>Vehicle #3</b>						
<b>Vehicle #4</b>						
<b>Vehicle #5</b>						
<b>Vehicle #6</b>						



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

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

02/24/2025

[ ] For Office Use Only



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