

## CUSTOMER NEEDS ASSESSMENT

Customer Name:	Date:	
Vehicle Info:	New / Used	Finance / Cash / Lease
	Term in Months:	

Years of Expected Ownership “Most customers will keep their vehicles for anywhere from five to seven years. How long are you planning on keeping your vehicle?”	
Annual Kilometers “Most customers drive anywhere from 20,000 to 30,000 KM a year. How many KMs do you drive on average per year?”	
How do you primarily use your vehicle? <span style="margin-left: 100px;">Commuting <input type="checkbox"/></span> <span style="margin-left: 100px;">Family Activities <input type="checkbox"/></span> <span style="margin-left: 100px;">Road Trips / Vacation <input type="checkbox"/></span> <span style="margin-left: 100px;">Weekend / Evening Driving <input type="checkbox"/></span> <span style="margin-left: 100px;">Towing <input type="checkbox"/></span> <span style="margin-left: 100px;">Camping / Recreation <input type="checkbox"/></span>	
Which of the following best describes you? You like to keep your car in “showroom condition” all the times <input type="checkbox"/> You like to fix cosmetic damage as it happens <input type="checkbox"/> You do your best to keep it looking great, but the occasional ding or dent won't bother you too much <input type="checkbox"/> You'd rather save your money and not bother with cosmetic damage <input type="checkbox"/>	
Which of the following best describes you? You plan to follow the recommended maintenance schedule for your car and will use this dealership for service work <input type="checkbox"/> You usually send your vehicle for service and maintenance to an independent repair facility <input type="checkbox"/> Your oil changes are done at an independent repair facility but large repairs are completed at the branded dealer <input type="checkbox"/>	
Liability Insurance Has your insurance agent discussed your liabilities in the case of a total loss? Do they provide full replacement value for a new or equivalent model?	Yes / No / Unsure <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Disability Insurance If you were not able to work for up to 6 months, would it be difficult to continue making your monthly vehicle payments?	Yes / No / Unsure <input type="radio"/> <input type="radio"/> <input type="radio"/>
Have any of these events ever happened to you?  Mechanical Breakdown (requiring overnight repairs) <input type="checkbox"/> Returned a previous lease vehicle with excess wear charges to pay <input type="checkbox"/>	Car Accident (even if not your fault) <input type="checkbox"/> Vehicle Theft (even if recovered) <input type="checkbox"/> None of the above <input type="checkbox"/>
Additional Protection Coverages What additional protection coverages did you have on your previous vehicle? And have you ever benefited from that coverage?  NOTES:	