#### **Insurance Review**

Quality Companies.

Many Coverage Options.

# The way it should be.

#### **Quick Quote**

Paying too much for your insurance? Missing multiple coverage discounts? You won't know unless you compare! Choose the coverages you want us to give you a *free* comparison on.

We'll contact you within three days with the answers you need. No sales pitch. No pressure. Just solid information.

### About You ... First Name Last Name Address County Zip Code State City Daytime Phone E-mail Social Security Number Date of Birth Driver's License Number Homeowners Coverage Check Deductible Liability Limits Dwelling Limit Year home was built Is this your primary residence? • Yes • No Check items which apply to your home: ODead Bolt OSmoke Detector(s) OWood Stove OAlarm System OFire Extinguisher OFireplace Age and type of roof How long have you had insurance with this company? Company name When does your policy renew? Would you be willing to combine your auto policy with the same company to receive a discount? • O Yes Comments:

## Car Coverage Check

Deductible	Comprehensive			Collision		
Liability Limits						
☐ Liability Only						
Description of Car(s):						Zip code of vehicle's
Make	Model		Year	VIN		primary location
				_		
How long have you had	ance with this co	mpany?		Company name:		
When does your policy	renew:	/ /				
Are any of the cars/ligh	t trucks use	d for business pu	irposes?			
Daire and Indiana attention (Item	e alli alidi iana i	A colored to all colored and	P - A			
Drivers' Information (list all drivers Name				ecurity Number Driver's License		lumbor
Ivairie		Date of birti	Jocial .	Security Number	Driver's Electise Number	
		_	_			
List any accidents or vic	lations in th	ne last three years	S			
Vehicle Use (list how yo	u primarily	use your vehicles	, example:	recreation)		



