

Auto coverage acceptance/declination questionnaire

Date _____

Name _____

***** Please initial all coverage question next to "X" *****

AUTO

I have been advised of the benefits of 100,000/300,000 Bodily Injury Coverage and I would like to

Accept 100/300 coverage _____ Decline 100/300 coverage _____

I have chosen to decline collision & comprehensive coverage on my vehicle at this time _____

I have chosen to decline Rental Reimbursement coverage _____

I have chosen to decline Towing coverage _____

SCM Agent