

Auto Policy Protection Checklist

32% of claims denied by insurance companies result from unreported changes. Five minutes of your time to complete this questionnaire will help eliminate claims problems. There are no wrong answers and your response will enable us to discuss coverage concerns and provide recommendations. **Complete this form Today and mail or fax back to 919-874-0944.**

JUST ADDED. . .GO ONLINE TO www.ifitsinsurance.com/autoreview AND COMPLETE AND SUBMIT THE FORM TODAY!

	Yes	No
Do we insure ALL the vehicles you own? If not, who does? Can we provide you with a FREE Instant Savings Comparison Proposal?	<input type="checkbox"/>	<input type="checkbox"/>
Are any vehicles NOT registered or titled in you and/or your spouse's name? If so which vehicle and whose name is on the title?	<input type="checkbox"/>	<input type="checkbox"/>
Has any vehicle been customized or altered?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in getting a quote for life insurance to protect your family in case of your early death?	<input type="checkbox"/>	<input type="checkbox"/>
I would like to SAVE money on my vehicle insurance by INCREASING my deductibles to \$500, or \$1,000.	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in obtaining information on a \$1,000,000 umbrella liability insurance policy that would protect you in the event of a catastrophic accident <i>for as little as \$3.00 a week?</i>	<input type="checkbox"/>	<input type="checkbox"/>
If you own a pickup or van, does it contain customized equipment, camper , or shell?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a mini-bike, moped , motorized scooter or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any ATVs , boats, snowmobiles, SEADOO motor homes or trailers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any students away at college? If so who?	<input type="checkbox"/>	<input type="checkbox"/>
Have you (or your spouse) changed jobs in the last 12 months? If so, how far are you (or your spouse) driving one way to your new job and in which car?	<input type="checkbox"/>	<input type="checkbox"/>
If you don't already have "Rental Car Coverage", would you like to have a rental car provided for you if you get in an auto accident for about \$20 per year per car?	<input type="checkbox"/>	<input type="checkbox"/>
Is there anyone that lives in your house that is not listed on your auto policy? If so what is their name, birthday and relation to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a teenager that is going to be getting a permit in the next year? If so, name and birthday?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to be reimbursed up to \$100 if you have to have your car towed? If you don't already have "Road Side Assistance" would you like to add it for about \$6 per car per year?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the cars on your policy use for any type of business use? If so how are they used?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any questions about your renewal? _____

This form was completed by: _____

Date: _____ Daytime Phone: _____

E-mail Address: _____

Thank you for your time and cooperation. If there are any questions about your auto renewal, be sure to email (csr@brownphillips.com), fax (919-874-0944), or call us at **919-874-0405**.

You can mail the form to:

Brown-Phillips Insurance 4940-B Windy Hill Dr., Raleigh, NC 27609.