

Auto coverage acceptance/declination questionnaire

Date \_\_\_\_\_

Name \_\_\_\_\_

**\*\*\* Please Sign At Bottom \*\*\***

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 \_\_\_\_\_

I have chosen to decline Towing coverage \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured