Auto Insurance Supplement

Policyholder:

Address:

As we review your Auto Insurance, there are areas of concern that we should review. Please take a moment to review

LIENHOLDER INFORMATION

each item carefully and initial your intentions.

Please attach a copy of the Bill of Sale or Purchase Agreement so that we may verify Lienholder Information.

GAP INSURANCE

Gap insurance will insure you for the difference between what you would owe on your vehicle and the actual value of your vehicle should you have an accident. This coverage is important considering how much a vehicle depreciates, especially after purchase.

HOMEOWNERS/RENTERS DISCOUNTS

Customers save 15% off their Auto Insurance when they bundle their Auto and Home with State Farm. There is an additional discount on your Homeowners and Renters Insurance. Current Carrier:

LIABILITY COVERAGE

Your current Liability Limits are ______. We feel it is necessary to advise you that in today's legal environment, this may not be enough. Higher liability limits are available to ensure your family has the proper coverage.

RENTAL REIMBURSEMENT

This coverage pays for renting a car when your auto is disabled due to an auto accident. Your current coverage provides \$ _____ per day reimbursement. Additional coverage can help you avoid extra expenses for a rental vehicle.

LIFE INSURANCE

There are over 6 million police reported traffic accidents each year that involve the use of motor vehicles. Nearly a third result in injury, and one percent of total crashes result in a fatality. For roughly \$_____ per month, you could afford your family \$ ______ of protection should you be involved in a car accident resulting in death.

ANNUITIES

Sometimes described as the opposite of Life Insurance, annuities protect you against the possibility of outliving your financial resources. State Farm offers you several types of annuities, which can be a part of your personal retirement plan.

SUPPLEMENTAL INCOME

Unexpected emergencies to the hospital or urgent care can add additional out of pocket medical expenses or prevent you from being able to work. We have some affordable coverage to protect your paycheck and give you money for unexpected expenses to help your family stay on track.

Signature of Insured 1	Date	Signature of Insured 2	Date
Signature of Agent	Date		

Policy Number: _____

Effective Date:

Desire Coverage/Info ____ Decline

___ Desire Coverage/Info ___ Decline

Desire Coverage/Info Decline

____ Desire Coverage/Info ____ Decline

Desire Coverage/info Decline

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