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Named Insured(s): _____

Policy #: _____

This is your Auto Coverage Review Form. Please review your auto policy for the following:

- Coverage: Please review recommendations below. With today's medical costs, your liability coverage is very important. There is coverage available that is less than or in between those listed. Indicate changes by circling the chosen coverage. Changes made upon receipt. Please call us at **781-762-2715** with any questions.
- Drivers: All household members and regular drivers must be listed to have coverage. Please write down name and license number to add or remove a driver from your policy.
- Accuracy: Is your name, address, auto, plate and garaging info correct? Paid off a loan?
- Electronic Funds Transfer: Take advantage of "EFT" to save time and at least \$30 per year in installment charges.
- Umbrella: If you do not have one already, you should consider an umbrella endorsement or policy to further protect your financial and property assets, particularly if you are a homeowner.

Part	Coverage, Options in Dollar Amounts (<u>recommendations in bold</u>)
3.	Bodily Injury Caused by an Uninsured Auto (per person / per accident) No Change 100,000/300,000 250,000/500,000 500,000/500,000
4.	Damage to Someone Else's Property No Change 250,000
5.	Optional Bodily Injury to Others (per person / per accident) (*Minimum required for umbrella.) No Change 100,000/300,000 *250,000/500,000 500,000/500,000
6.	Medical Payments No Change 5,000 10,000 15,000 20,000 25,000
7.	Collision No Change Remove Yes, I want Collision and a deductible of 300 500 1,000 2,000
9.	Comprehensive No Change Remove Yes, I want Comprehensive and a deductible of 300 500 1,000 2,000
10.	Rental (per day / maximum) (Please note: For an SUV/van/truck, you need at least 45/1,350.) No Change Remove Yes, I want Rental coverage of 30/900 45/1,350 100/3,000
11.	Towing and Labor (per incident) (Please note: This coverage is less premium than AAA.) No Change Remove Yes, I want Towing and Labor coverage of 50 100
12.	Bodily Injury Caused by an Underinsured Auto (per person / per accident) No Change 100,000/300,000 250,000/500,000 500,000/500,000

Please check your selection, sign and date below and return to P.O. Box 576, Norwood MA 02062.

- I understand the recommendations above and request the changes/coverages circled above.
- I understand the recommendations above and choose to maintain my current coverage.

(Named Insured[s] Signature[s]) (Date) (Preferred Phone #) (Email Address[es])

- Yes, send me Foley Flash, an email newsletter providing me with insurance tips and ways to protect my property.