Date: _____

LOWER LIMITS OF LIABILITY DISCLOSURE FORM

Insured Name: _____

Address: _____

I understand that my policy (#_____) has lower limits of liability of_____. This is less than what my agent recommended, which was_____. I have declined the higher limits and understand the coverage I am choosing provides less coverage than the recommended amount.

I have requested the following changes to my insurance policy:

Prior policy coverage:		New policy coverage:
_____	Comprehensive Deductible	_____
_____	Collision Deductible	_____
_____	Property Damage	_____
_____	Bodily Injury	_____
_____	Medical Expense	_____
_____	Uninsured Motorist Coverage	_____
_____	Rental	_____
_____	Towing	_____

Signed: _____ Date: _____

Agent: _____ Date: _____