

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:

Comprehensive Deductible
Collision Deductible
Property Damage
Bodily Injury
Medical Expense
Uninsured Motorist Coverage
Rental
Towing

New policy coverage:

Signed: _____ Date: _____

Agent: _____ Date: _____

Norton
276-679-3401

Weber City
276-386-3838

Abingdon
276-628-8109

Clintwood
276-926-8681

Honaker
276-873-6864

Pennington Gap
276-546-1311


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