

First Casualty Group, Inc. - Auto Insurance Checklist

AUTOMOBILE COVERAGES CHECKLIST

This checklist is to make you more aware of the coverages you have requested and additional coverages the agency has to offer.

E-Mail Address:

We communicate primarily thru email

Liability, If you want to increase your limit of liability (check one)

- \$30,000/\$60,000
- \$50,000/\$100,000
- \$100,000/\$300,000
- \$300,000/\$300,000
- \$250,000/\$500,000
- \$500,000/\$500,000

Medical Payments: If you want to increase your Medical limit (check one)

- \$500
- \$1,000
- \$2,000
- \$5,000
- \$10,000
- No Coverage Elected

Uninsured or Underinsured Motorist: If you want to increase your limit of liability (circle one)

- \$50,000/\$100,000
- \$100,000/\$300,000
- \$300,000/\$300,000
- \$250,000/\$500,000
- \$500,000/\$500,000

Comprehensive Deductible: If you carry comprehensive and want to change your deductible. (check one)

- \$0
- \$50
- \$100
- \$250
- \$500
- \$1,000
- No Coverage elected

Collision Deductible: If you carry collision and want to change your deductible (check one)

- \$100
- \$250
- \$500
- \$1,000
- No Coverage elected

Towing and Labor: If you carry towing coverage and want to change your limit (check one)

- \$0
- \$50
- \$100
- No Coverage elected

Extended Transportation (rental reimbursement): If you carry Rental Reimbursement and want to change your limit (check one)

- \$15/day up to \$450
- \$30/day up to \$900
- No Coverage elected

Accidental Death/Dismemberment (if available): If

- \$3,000

you want to add coverage or change coverage (check one)

- \$5,000
- \$10,000 (Recommended)
- No Coverage elected

Circle Yes or No

- Car phones / CB / Scanner: Request Coverage? Yes No
- Tapes / CDs / Stereo Equipment: Request Coverage? Yes No
- Customizing Equipment: Request Coverage? Yes No
- Coverage for rented vehicles: Request Coverage? Yes No
- Do you drive a business vehicle? Yes No
- Request non-owned auto coverage? Yes No
- Request GAP Insurance? Yes No

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Pleasure	_____	_____	_____	_____
Work (Less than 10 Miles)	_____	_____	_____	_____
Work (Greater 10 Miles)	_____	_____	_____	_____
Business Usage	_____	_____	_____	_____
Farm	_____	_____	_____	_____

Are your assets vulnerable to a lawsuit? Secure your assets with excess liability limits through a personal umbrella (if eligible) Coverage limit available \$1,000,000 to \$5,000,000.

- Yes No

If there are any drivers in your household not listed on your automobile policy, please list their name, date of birth, driver's license number and whom their insurance coverage is with.

Name	DOB	License #	Insurance Company
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Would you like a quotation comparison on any of the following?
(check those which apply)

- Home
- Boat
- Life Insurance
- Disability Income
- Medical Supplement
- Long Term Care
- Home Mortgage Protection (recommended)
- Cancer Insurance

Are you a tobacco user: Yes No

All coverages are subject to the underwriting guidelines of the individual insurance carriers and may require company underwriter approval.

The coverages have been reviewed with me by my agent and the coverages I have requested to include or exclude from my policy are outlined in this Automobile Coverages Checklist.

I also understand that my selection/rejection of the coverages will apply to all future renewals, continuations and changes unless I notify you in writing.

Print Name _____
Date

Signature _____
Date

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