

1. INSURED'S STATEMENT

By signing and initialing, the applicant acknowledges that the coverage and optional coverages have been explained thoroughly by the agent and voluntarily chosen by the applicant.

 INSURED INITIAL

2. MANDATORY COVERAGE

Bodily injury: \$15,000 per person/\$30,000 per accident. Property Damage: \$10,000 per accident.

Higher Limits - In thousands of dollars -

Bodily Injury: _____ per person _____ per accident. Property Damage: _____ per accident

 INSURED INITIAL

3. OPTIONAL COVERAGES

Arizona law requires uninsured and underinsured coverage to be offered on all policies. It will be automatically added to yours unless you specifically reject it.

	Yes	No	Initials
<input type="checkbox"/> Uninsured Motorists Bodily Injury Limits: _____ per person _____ per accident	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Underinsured Motorists BI Limits: _____ per person _____ per accident	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Vehicle Medical Payments: _____ person	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Comprehensive Deductible (<i>Circle one</i>) 150 250 500 1000	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Collision Deductible (<i>Circle One</i>) 250 500 1000	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Zero deductible on glass	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Towing Service	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Rental Car	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Special Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____

Agent Notes:

 INSURED INITIAL

Signature _____ **Date** _____

Agent _____ **Date** _____