

Date: _____ Customer Code _____ Policy No. _____

VEHICLE DESCRIPTION:		
AGREED VALUE:		
VIN:		
LICENSE PLATE NO.:		
Comprehensive (Deductible)	\$	
Collision (Deductible)	\$	
Typhoon (Deductible)	\$	
Bodily Injury	Per Person	\$
	Per Accident	\$
Property Damage	Per Accident	\$
Uninsured Motorist Bodily Injury	Per Person	\$
	Per Accident	\$
Med Pay	Per Person	\$
Loss of Use		\$

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