

LGPIF
MOTOR VEHICLE QUOTE REQUEST

Complete and return this worksheet for Comprehensive and/or Collision coverage quote.

Insured Name: _____

Policy Number: _____

Effective Date: _____

COMPREHENSIVE COVERAGE

Recovery Basis (select one) Actual Cash Value Replacement Cost

Deductible*: _____ Aggregate Yes No

| | <u># of Units</u> | <u>Total Original Cost New</u> |
|----------------|-------------------|--------------------------------|
| Age Group 1 ** | _____ | \$ _____ |
| Age Group 2 ** | _____ | \$ _____ |

COLLISION COVERAGE

Recovery Basis (select one) Actual Cash Value Replacement Cost

Deductible*: _____ Aggregate Yes No

| | <u># of Units</u> | <u>Total Original Cost New</u> |
|----------------|-------------------|--------------------------------|
| Age Group 1 ** | _____ | \$ _____ |
| Age Group 2 ** | _____ | \$ _____ |

* Deductible options:

| | | | | | | | | | | |
|-------|---------|---------|---------|---------|----------|----------|----------|----------|----------|-----------|
| \$500 | \$1,000 | \$2,500 | \$3,000 | \$5,000 | \$10,000 | \$15,000 | \$25,000 | \$50,000 | \$75,000 | \$100,000 |
|-------|---------|---------|---------|---------|----------|----------|----------|----------|----------|-----------|

** Age Group 1 = 3 most current model years
Age Group 2 = vehicles older than 3 years