

# FREE Auto Insurance Review

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vehicle #1 (year, make, model): \_\_\_\_\_ Vehicle #2: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_

How would you like this form returned? *Please circle one*      Mail      Email      Fax to: \_\_\_\_\_

Attorney to Complete Section Below: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Current Coverage

Recommended Coverage

Bodily Injury:

Uninsured:

Underinsured:

Medical Payments:

Medical Benefits:

Comprehensive:

Collision:

Roadside Assistance:

Other Recommendations: (See Reverse)

**Send Us This Form Along With Your Insurance Declaration Page**

Send us this form and your Insurance Declaration page one of three ways:

**Mail to:** 405 Madison Avenue, Suite 1200, Toledo, Ohio 43604 **or Fax to:** 419.241.8730 **or Email to:** info@charlesboyk-law.com

There is no charge for this review and it does not establish an attorney/client relationship.

Your information will not be disclosed to any third party and will be shredded by our office upon completion of the review.

**Would you like any of the following FREE books?**

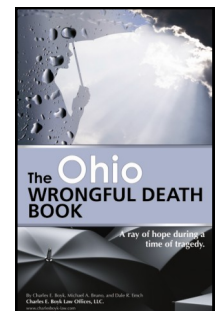
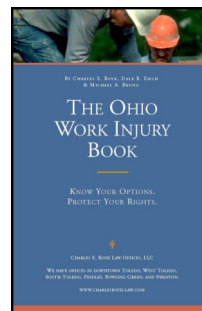
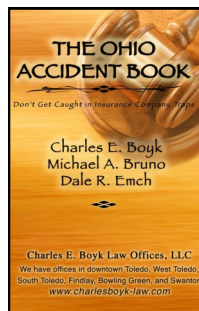
Number of Books Requested:

\_\_\_\_\_ *The Ohio Accident Book*

\_\_\_\_\_ *The Ohio Work Injury Book*

\_\_\_\_\_ *The Ohio Dog Bite Book*

\_\_\_\_\_ *The Ohio Wrongful Death Book*



405 Madison Avenue, Suite 1200, Toledo, Ohio 43604 | www.charlesboyk-law.com | 419.241.1395

*We have six offices in northwest Ohio to serve you.*