

Metro

INSURANCE SERVICES



YOU'RE PAYING TOO MUCH FOR INSURANCE.

METRO WILL PROVE IT IN SIMPLE BLACK AND **RED.**

Safeco Insurance

You may be able to save hundreds of dollars on personal auto insurance, thanks to Metro. We offer quality coverage—and personal service right here in your community, from a name you already know and trust.

PROGRESSIVE



AND MANY OTHERS...

Rest assured knowing that we will find any credits and discounts you qualify for, giving you the best possible insurance solution. Everything from your vehicle's make, model and safety features to your driving record and annual mileage may have an influence on your auto insurance premium, and we'll help you understand your options.

"It's really easy for me to recommend Metro, because I know that their customers get the best policy to fit their needs, no matter what their situation. Their service, price, and quality are seemingly unbeatable."



**GET A FREE, NO COST, NO OBLIGATION QUOTE...
CALL US NOW - (800) 640-4430**

For more information and downloadable applications, visit metroinsurance.com

Metro Insurance Services - Lic# OB95215 - 17421 Irvine Blvd- Tustin, CA 92780



Metro Insurance Services
 17421 Irvine Blvd. • Tustin, CA 92780
 p. 800.640.4430 • f. 714.573.7202

Personal Auto Worksheet

Your Name: _____
 Current Residence: _____
 City: _____ State: CA Zip: _____
 Phone: _____ Fax: _____

Please complete this form entirely. You may also fax us your most recent declaration page along with the **drivers** section to (714) 573-7202.

Vehicles

Year	Make, Model, and Body Type	VIN / Registered State	Purchased	Cost New
2006	Acura RSX Type-S	4F4YR12C9ZTM05815 CA	2/10/02	\$25,000

Drivers

Name	Sex	Marital Status	Date of Birth	Drivers License #

Coverages

Check One:

15k / 30k	25k / 50k	30k / 50k	50k / 100k	100k / 300k
10,000	25,000	30,000	50,000	100,000

Bodily Injury
 Per person / Per Accident
 Property Damage

Combined Single Limits: **300,000** **500,000** **1,000,000**

Deductible Amount Comprehensive: _____ Collision: _____

Prior Coverage

Prior Carrier: _____ Policy #: _____ Expire: _____

Please note that the limits and coverages you request may differ in any possible proposal following this application. We urge you to carefully review the specifics of any policy before buying. No coverage in force until bound by the carrier.

Signature X _____ **Date:** _____