



**OPTIONAL, VOLUNTARY BENEFIT FOR WSDHA MEMEBERS**  
**Email this form to [Carrie.Taylor@libertymutual.com](mailto:Carrie.Taylor@libertymutual.com) or**  
**Fax it to her, at (855) 331-1461**

(This is not an application for insurance)

Name	Best Phone Contact Number
Address	Best Time to call

**AUTOMOBILE INSURANCE (Answer these questions or attach a copy of your current coverage).**

**Description of Owned Automobile(s):**

Year	Make	Model	Year	Make	Model

**Current Auto Policy:**

Third Party Liability Limits:	
Uninsured Motorist Limits:	Rental Car Reimbursement? (yes – no)
PIP (Medical Payments) \$ per person	Roadside Assistance? (yes – no)
Comprehensive Deductible	car 1 \$      car 2 \$      car 3 \$
Collision Deductible	car 1 \$      car 2 \$      car 3 \$

**List All Licensed Operators in the Household:**

Name	Date of Birth	4 yr College Grad?	Moving violations or accident claims in the last 36 months?

**My present auto coverage is provided by** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_  
 (Insurance Company Name)

**PROPERTY INSURANCE**

Circle one: Rent or Own	If owned, year of last complete roof replacement?
Do you own a dog? If yes, breed?	
Any Claims in the last 3 years? (yes – no) If yes, details:	

**My present property coverage is provided by** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_  
 (Insurance Company Name)

**Other lines of insurance available:**

