

FREE AUTO INSURANCE REVIEW

Name: _____ Address: _____

Phone: _____ Email: _____

Vehicle #1 (Year-Make-Model): _____

Vehicle #2 (Year-Make-Model): _____

Auto Insurance Carrier: _____

How would you like this form returned? Mail Email Fax to: _____

Attorney to Complete Section Below: _____ Review By: _____

| | Current Coverage | Recommended Coverage |
|--------------------------|------------------|----------------------|
| Bodily Injury: | _____ | _____ |
| Uninsured/Undersinsured: | _____ | _____ |
| No-Fault/PIP: | _____ | _____ |
| Medical Benefits: | _____ | _____ |
| Comprehensive: | _____ | _____ |
| Collision: | _____ | _____ |

Send Us This Form Along With Your Declaration Page

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

Mail to: Insurance Review, 1259 Myrtle Avenue South, Clearwater FL 33756

Fax to: 1-727-446-0850 or

Email to: Judi@JwDodsonLaw.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 our FREE Books?

Simply Check the book you would like, and we will send it along with your Review

- Five Mistakes That Can Wreck Your Florida Accident Case
- Dangerous Trips to Avoid in Your Fall Case
- Survivor's Guide To Florida Wrongful Death Claims