**ENHANCED FEATURES FOR AUTOMOBILE INSURANCE**

*PLEASE SEE THE ENCLOSED DOCUMENTS.*

*The following optional coverage’s/limits and features may* ***NOT*** *have been included.*

*Please review carefully and let us know which optional coverage’s/limits and features you require.*

**Optional Coverage’s**  **Limits Additional Accept Decline
 Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * *Increased BI/PD Liability*
 |  |  |  |  |
| * Increased Uninsured/Underinsured
 |  |  |  |  |
| * Increased No-Fault
 |  |  |  |  |
| * *Medical Payments*
 |  |  |  |  |
| * *OBEL*
 |  |  |  |  |
| * *Death Indemnity*
 |  |  |  |  |
| * *Sound System*
 |  |  |  |  |
| * *Tapes/Cd’s*
 |  |  |  |  |
| * *Full Glass*
 |  |  |  |  |
| * *Collision*
 |  |  |  |  |
| * *Comprehensive*
 |  |  |  |  |
| * *Towing /Roadside Assistance*
 |  |  |  |  |
| * *Rental Car Reimbursement*
 |  |  |  |  |
| * *Motor Club*
 |  |  |  |  |
| * *Identity Theft*
 |  |  |  |  |
| * *Accident Waiver/Enhanced Plus*
 |  |  |  |  |
| * *Safe Driving Bonus*
 |  |  |  |  |
| * *Safe Driving Deductible Reward*
 |  |  |  |  |
| * *New Car Expanded Protection*
 |  |  |  |  |

*The Sultan Agency has offered me the above enhanced features for my auto insurance policy. I have*

*indicated my preference by completing the appropriate box.*

*Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*