

# FREE Auto Insurance Review



*Let us review your insurance to make sure your protected!*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

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

Vehicle #1 (Year, Make & Model): \_\_\_\_\_

Vehicle #2 (Year, Make & Model): \_\_\_\_\_

Attorney to Complete Section Below:

Reviewed By: \_\_\_\_\_

Current Coverage

Recommended Coverage

Bodily Injury: \_\_\_\_\_

Uninsured/Underinsured: \_\_\_\_\_

Medical Payments: \_\_\_\_\_

Comprehensive: \_\_\_\_\_

Collision: \_\_\_\_\_

Comments: \_\_\_\_\_

**SEND US THIS FORM ALONG WITH A COPY OF YOUR DECLARATION PAGE**

1) Mail to: The Miley Legal Group, 229 W. Main Street, Ste 400, Clarksburg, WV 26301

2) Fax to: (304)326-1801

3) Email to: [MLG@mileylegal.com](mailto:MLG@mileylegal.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 destroyed by our office upon completion of the review. The Miley Legal Group does not sell or provide insurance services and the completion of this request warrants no guarantees.