

LOWPRICEINSURANCE INC
INSURA INSURANCE AGENCY
7731 KATELLA AVE STE C STANTON CA 90680
TEL: 800-720-0313
FAX: 800-318-3854
TXT: 562-344-5231



Thank you for the opportunity to process your insurance application. The following rate is based on information provided by you and our goal to provide you with the best coverage at the lowest price.



Keep in mind all documents attached must be signed by ink signature or via electronic signature to avoid Upates or cancellation of your policy. All documents required such as driver's license or auto registration or other missing documents can be email or Faxed or sent by text massage. This document is not confirmation of coverage but an outline of your application. Read your policy for specific details of coverage.

Insurance Company _____

Policy No. _____

Company Payment Address _____

Phone Number _____

Policy Period: _____ month(s). Effective Date: _____

After a down payment of \$_____, you will be billed \$_____ every _____ month for continuation of coverage.

Feel Free to call or come into our office to discuss this any questions you have. Coverage is not in effect until an application is signed and payment received. If you find information that is incorrect please notify use right away to correct the mistake in your application. All changes must be requested in writing via Regular mail or by fax or email or SMS/text massage. This Rate is based on current rating information and is subject to change without notice. We look forward to servicing you in all of your insurance needs.

Sincerely,

INSURA INSURANCE AGENCY
WWW.INSURAUSA.COM
INFO@4INSURA.COM