

Lower Shore Insurance Company
324 North Street
Laurel, DE 19956

Policy Application Form:

Name: _____

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Date Of Birth ____ / ____ / ____

Telephone (Home): () _____ - _____

(Cell): () _____ - _____

(Work): () _____ - _____

Type of Insurance requested: (Circle) auto life home rental motorcycle

Would you be interested in having a deductible amount on your policy? _____

Which Policy? _____ Amount \$ _____

Circle the discounts that MAY apply:

Good Student (GPA 3.0+)

Accident-Free(2 Years)

Home Security System

Accident-Free(3 Years)

Accident-Free (3 + years)

Multi-car

Multi-Policy

Military

Best Time and day to reach you: _____