

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

## Looking for Customer Service Auto Claim

**Bridenstine and Associates**

Fax 612-395-5233

Contact First Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_  
Contact Last Name \_\_\_\_\_ Fax \_\_\_\_\_  
Your Company Name \_\_\_\_\_ Your Web Page Address \_\_\_\_\_  
Mailing Address 1 \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address 2 \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Mailing City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Contact Notes \_\_\_\_\_

Your Insurance or Financial needs

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