

Liberty Mutual Insurance Opt-in Form

I hereby authorize KLA to share the below information with Liberty Mutual for the purpose of a free, no obligation coverage evaluation.

Signature: _____

Date: _____

I would like a free, no obligation quote. YES: _____ NO: _____

Best Time to Reach (circle):

_____ AM PM Evening

Customer Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number:

Secondary Phone Number:

() - _____

() - _____

Email Address: _____

Insurance Expiration Date: _____

Submitted by (please print name and include dealership): _____



**Through your Credit Union, you could receive a
10% discount on Auto and Home insurance.**

Liberty Mutual Sales Representative, **Carol Hennessy**, will be in touch with you within 2 days. If you would like to contact Carol sooner, please reference her contact information below.



Tele: 412-364-1130, ext. 54717

Email: carol.hennessy@libertymutual.com



<https://www.facebook.com/pages/Carol-Hennessy-Liberty-Mutual-Insurance-Agent/497639370281601?ref=stream>

