

**PIONEER INSURANCE AGENCY, INC.  
N1211 COUNTY ROAD B  
COLOMA WI 54930  
715-228-5547**

**DATE:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**INSURED:** \_\_\_\_\_

**I have been offered liability limits of up to \$1,000,000**

**I have chosen to purchase liability limits of: \$ \_\_\_\_\_ for my  
property policy.**

\_\_\_\_\_ **I was also offered an Umbrella policy.**

**I understand that I may be underinsured.**

\_\_\_\_\_  
**INSURED'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**INSURED'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**05/2010**