

# ARBELLA MUTUAL INSURANCE COMPANY MARKETING PARTNERS DISCOUNT FORM

This information will be used only for automobile insurance purposes. It is important that all questions be answered completely in order for us to be able to continue to provide this discount. Your failure to provide the information requested may affect your eligibility for the discount.

Insured Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_

ISSUED BY: **ARBELLA MUTUAL INSURANCE CO.**

Please return by: \_\_\_\_\_

Your prior policy qualified for the Marketing Partners Discount because of your donation to an Arbella approved Marketing Partner. In order to reapply the Marketing Partners Discount on your automobile insurance policy, please complete and return this form to your agent.

In the last twelve months, have you made a financial contribution to an IRS Section 501(c)(3) organization that has a business relationship with Arbella?

Yes                       No

Organization's Name \_\_\_\_\_

Proof of contribution must be provided to your agency in the form of an official confirmation notice, receipt, or canceled check from the organization.

The information provided is accurate and complete.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

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Insured Name(s): [Insured Name]

Property Address: [Insured Street Address]  
[Insured City, State & Zip]

Policy Number: [Policy Number]

Policy Effective Date: [Policy Effective Date]

[Agency Name]  
[Agency Street Address]  
[Agency City, State & Zip]

ISSUED BY: **ARBELLA MUTUAL INSURANCE CO.**

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