AARP® | Auto Insurance Program from THE HARTFORD

ATTENTION:

AARP MEMBERS REQUESTING INFORMATION AND A QUOTE ON AUTOMOBILE INSURANCE

Thank you for your interest in the **AARP® Auto Insurance Program from The Hartford**[1].

If you would like to receive an auto insurance quote from this Program, please download and complete the "Request for Quote Form" within 60 days of the quote request. Complete all requested information on the forms and return them, along with required paperwork, to The Hartford at the following address:

The Hartford
P.O. Box 14180
Lexington, KY 40512-9919

If you qualify, we'll send you a no-obligation quote to compare with your current coverage and premium.

Sincerely,

Susan L. Castaneda

Susan L. Castaneda
Vice President, The Hartford

AARP and its affiliates are not insurers. Paid endorsement. The Hartford pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP membership is required for Program eligibility in most states.

The AARP Auto Insurance Program from The Hartford is underwritten by Hartford Fire Insurance Company and its affiliates, One Hartford Plaza, Hartford, CT 06155. It is underwritten in AZ by Hartford Insurance Company of the Southeast; in CA, by Hartford Underwriters Insurance Company; in WA, by Hartford Casualty Insurance Company; in MN, by Sentinel Insurance Company; and in MA, MI and PA, by Trumbull Insurance Company. Savings and benefits may vary and some applicants may not qualify. If you are still interested in a quote after the end of the 60-day period, you must start the online quote process again. We will not review forms or required paperwork we receive after the end of the 60-day period.

[1] **In Texas, the Auto Program is underwritten by Redpoint County Mutual Insurance Company through Hartford of the Southeast General Agency, Inc. Hartford Fire Insurance Company and its affiliates are not financially responsible for insurance products underwritten and issued by Redpoint County Mutual Insurance Company.**

REQUEST FOR QUOTE FORM

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To receive an auto insurance quote:

1. Please complete this "Request for Quote" form and mail it, along with any requested proof documents, to the address below. IMPORTANT: To obtain a quote, all requested information must be provided. The form must be filled out and returned to The Hartford within 60 days of the quote request.

   The Hartford
   P.O. Box 14180
   Lexington, KY 40512-9919

2. For each vehicle you would like to include in the quote, please attach a copy of the vehicle's registration. The name of the person the vehicle is registered to and the year, make and model of the vehicle must be included.

   Once received, it will take approximately 10 business days to review and email your quote.

Name(s): _____

Phone: (_____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Signature: _____ Date: _____