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| --- | --- |
| **Your contact information** | |
| Your First Name\* |  |
| Your Last Name\* |  |
| Your Email\* |  |
| Your Job Title\* |  |
| Your Company\* |  |
| Your Phone Number\* |  |
| Your State or Province\* |  |
| **Nominee's contact information** | |
| Nominee's First Name\* |  |
| Nominee's Last Name\* |  |
| Nominee's Email\* |  |
| Nominee's Job Title\* |  |
| Nominee's Company\* |  |
| Nominee's Phone Number\* |  |
| **Nomination** | |
| A brief overview of your automotive insurance product/service and the role that it plays in the automotive insurance industry.\* |  |
| 1-3 examples of the unique features of your automotive insurance product/service; what does it do that delivers value above and beyond your competitors? \* |  |
| 1-3 examples of the success of your automotive insurance product/service Please include details of how success/value is measured; for example: internal KPI’s, evidence of consumer adoption on a significant scale, evidence of critical acclaim through journalism or other industry awards. \* |  |
| 1-3 examples of customer benefits of your automotive insurance product/service –For example, how has your product/service enabled your consumers to reduce the cost of their insurance? How does your product deliver added value for OEMs? \* |  |
| Client and partner testimonials |  |