



Appointment Form

GCADA Supplemental Insurance Program

_____ Yes, we are interested in hearing more about GCADA's Supplemental Insurance Program through the Gene Hudock Insurance Agency

Please contact me to set up an appointment, so we may find out more about this program.

Name: _____

Dealership: _____

Telephone: _____

E-mail address: _____

Please return this form to:

***Christine Horvath
GCADA
10100 Brecksville Road
Brecksville OH 44141
(440) 746-1500
chorvath@gcada.org***

The form may be faxed to Christine at (440) 922-0160.