Name: _____ Date: _____

Allstate

I I W T X N O D M U Z Y J D A I E W S X N N P C
O X Q U T J D G I S P D A C U N M W B Q T J X Q
Q F K T X X M L J R F S R J N Z A D Z E D B N V
F X E Y C O E D T E N P U C A S N F O I M U H O
P J Q P P Z C T N B R Y S R E B M U N E N O H P
S O G G T E I B T M U S N Q F T X I D H Z P W A
J J I T Z W F W B U V L I O R G J H K P V Z M N
Y L N N L L I M P N Y P L Z V S S E R D D A D L
G L J B C H L K P L A U S A V U R U Q A T V L T
A C U P T L R T S A B C N J O T H F U Y A N D C
E D R L C L H J R N K Y X K J B O B I L S E F G
I I I J V J H U E O P U L A B J Z E O T T C X A
E T E N P W C U G I A H N I N U Z T M J E X L X
M T S T I T O C N T T P B I L E E E M L N A H E
J L K O I C N F E I A O K B F Q A W A H T A P B
V A B F Z G T D S D Y Y S Z F X C O P N Y N E M
A C O U A W A W S D V B K U F Y T Y W T J D L V
E E D W G T C S A A P D Q N C T E L L X S C T C
Z M T D U R T G P A E T Z L W I P V H A A J O W
W C A F D V K V V F I S E K D N B M Y Y T U E C
Z I D I S H B M Q O P T G N A A E X J E C T F B
C U Q K L K Z B X Y I B S F L O I R W O H Z R A
S B F B F M M T L M Z O Y Q R V H R R I V W E B
X S B X G R L G E T Z W C G B O X G Y Y Z T D T

Additional numbers
Cycle Time
Contact
Text
Phone numbers
Injuries
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Name
Passengers
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Email
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