



# Shopping For Insurance

## Auto Premium Comparison Form

Use this worksheet to shop around for insurance. It is important to be consistent when sharing information with each insurance company.

	Vehicle #1	Vehicle #2
Year	_____	_____
Make/Model	_____	_____
Vehicle ID Number (VIN)	_____	_____
Number of miles driven each year	_____	_____
Primary Use	_____	_____
Business		
Pleasure		
To Work		
To School		

	Driver #1	Driver #2
Name	_____	_____
Driver's License Number	_____	_____
Date of birth	_____	_____
Garaging Address	_____	_____
Miles driven to work or school	_____	_____
Accidents, moving violations or convictions during past three years	_____ _____ _____	_____ _____ _____

Use this chart to compare the cost of each coverage for the quotes you receive. Review your current policy to make sure you are comparing rates for the identical coverages. Ask if they are providing you with a six-month or annual quote. Finally, ask about discounts provided by the insurance company. Insurance companies provide discounts for such things as wearing your seatbelt, vehicle safety devices and insuring both your car and home with them. These discounts vary by company.

<u><b>Mandatory Coverages</b></u>	Current Premium	Company #1	Company #2	Company #3
<b>Personal Injury Protection</b> (includes medical, work loss, survivor's loss) You can choose to coordinate with other health insurance. Coordinated Not Coordinated	_____	_____	_____	_____
<b>Property Protection</b> \$1,000,000 required				
<b>Residual Bodily Injury</b> Minimum 20/40/10 Other higher limit	_____	_____	_____	_____
<u><b>Optional Coverages</b></u>  <b>Collision</b>  Broad _____ deductible  Standard _____ deductible  Limited _____ deductible	_____	_____	_____	_____
<b>Comprehensive</b>  _____ deductible				
<b>Uninsured/Underinsured</b>				
<b>Auto Rental Coverage</b>				
<b>Roadside Service</b>				
<b>Discounts Offered by Company</b>				
<b>Total Premium</b>				