

Shopping for Auto Insurance Company/Policy Comparison Worksheet

Use this worksheet to help you gather information about insurance companies and the homeowners insurance policies they sell. Visit HelpInsure.com to get general information about companies, including complaint indexes, financial ratings, sample rate estimates, coverage comparisons, and discounts. Call companies directly for a rate quote.

COMPANY NAME →			
Telephone number			
Company contact			
Website			
Policy period			
Policy premium			
Company financial rating			
Company consumer complaint index			
Company licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any additional requirements for coverage (such as all drivers must be named on policy or limitations on miles driven)			
List any applicable endorsements			
List any applicable discounts			
List all vehicles and drivers to be insured			
COVERAGE COMPARISON			
Liability Coverage			
Does the policy cover:			
• Family and other household residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• People who drive my car with my permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this policy provide liability coverage if:			
• I drive someone else's car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• I am driving a rental car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• I drive outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage for Damage to your Vehicle			
Does the policy cover:			
• Family and other household residents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• People who drive my car with my permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this policy provide physical damage coverage if:			
• I drive someone else's car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• I am driving a rental car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy cover damage to:			
• A rental car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does policy cover:			
• Replacement vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Temporary substitute vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COVERAGE LIMITS

Liability

Limits (30/60/25 is minimum required by law):

Premium:

Medical payments

Limits:

Premium:

Personal injury protection (PIP)

Limits:

Premium:

Uninsured/Underinsured motorist (UM/UIM)

Limits

Premium:

Deductible:

Collision

Limits:

Premium:

Deductible:

Comprehensive (other than collision)

Limits:

Premium:

Deductible:

Towing and labor

Limit per disablement:

Maximum number of disablements allowed:

Premium:

Rental reimbursement

Limits:

Maximum number of days:

Premium:

Note: Ask for the policy disclosure and read it before you purchase a policy. The disclosure describes the policy's coverage limits, restrictions, and enhancements.