

## Auto Insurance

Drivers	First Name:	Last Name:
	Drivers License #:	DOB:
	First Name:	Last Name:
	Drivers License #:	DOB:
	First Name:	Last Name:
	Drivers License #:	DOB:
	First Name:	Last Name:
	Drivers License #:	DOB:

Auto/RV/Boat	1		
	Year:	Make:	Model:
	Vehicle Identification Number or VIN#:		Vehicle Finance Company:
	Discounts		
	Anti-theft Devices: <input type="checkbox"/> Yes <input type="checkbox"/> No	Airbags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-Lock Brakes: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Automatic Seat Belts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Window Etching: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Car Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Multiple Policy Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	
	Insurance		
	Current Insurance Company:		Current Premium:
	Comprehensive Deductible:	Collision Deductible:	Liability Limits:
	2		
	Year:	Make:	Model:
	Vehicle Identification Number or VIN#:		Vehicle Finance Company:
	Discounts		
	Anti-theft Devices: <input type="checkbox"/> Yes <input type="checkbox"/> No	Airbags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-Lock Brakes: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Automatic Seat Belts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Window Etching: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Car Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Multiple Policy Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	
	Insurance		
Current Insurance Company:		Current Premium:	
Comprehensive Deductible:	Collision Deductible:	Liability Limits:	

Auto/RV/Boat	3		
	Year:	Make:	Model:
	Vehicle Identification Number or VIN#:		Vehicle Finance Company:
	Discounts		
	Anti-theft Devices: <input type="checkbox"/> Yes <input type="checkbox"/> No	Airbags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-Lock Brakes: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Automatic Seat Belts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Window Etching: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Car Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Multiple Policy Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	
	Insurance		
	Current Insurance Company:		Current Premium:
	Comprehensive Deductible:	Collision Deductible:	Liability Limits:
	4		
	Year:	Make:	Model:
	Vehicle Identification Number or VIN#:		Vehicle Finance Company:
	Discounts		
	Anti-theft Devices: <input type="checkbox"/> Yes <input type="checkbox"/> No	Airbags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-Lock Brakes: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Automatic Seat Belts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Window Etching: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Car Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Multiple Policy Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	
	Insurance		
	Current Insurance Company:		Current Premium:
	Comprehensive Deductible:	Collision Deductible:	Liability Limits:
5			
Year:	Make:	Model:	
Vehicle Identification Number or VIN#:		Vehicle Finance Company:	
Discounts			
Anti-theft Devices: <input type="checkbox"/> Yes <input type="checkbox"/> No	Airbags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-Lock Brakes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Automatic Seat Belts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Window Etching: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Car Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Multiple Policy Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		
Insurance			
Current Insurance Company:		Current Premium:	
Comprehensive Deductible:	Collision Deductible:	Liability Limits:	
6			
Year:	Make:	Model:	
Vehicle Identification Number or VIN#:		Vehicle Finance Company:	
Discounts			
Anti-theft Devices: <input type="checkbox"/> Yes <input type="checkbox"/> No	Airbags: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-Lock Brakes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Automatic Seat Belts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Window Etching: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Car Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Multiple Policy Discount: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		
Insurance			
Current Insurance Company:		Current Premium:	
Comprehensive Deductible:	Collision Deductible:	Liability Limits:	

	The Cost of Your Insurance:		Annual Premium:	
	Policy Form(s)	Current Company	Company (B)	Company (C)
Comparison Worksheet	Auto/RV/Boat 1			
	Comprehensive Deductible:	\$	\$	\$
	Collision Deductible:	\$	\$	\$
	Liability Limits:	\$	\$	\$
	Auto/RV/Boat 2			
	Comprehensive Deductible:	\$	\$	\$
	Collision Deductible:	\$	\$	\$
	Liability Limits:	\$	\$	\$
	Auto/RV/Boat 3			
	Comprehensive Deductible:	\$	\$	\$
	Collision Deductible:	\$	\$	\$
	Liability Limits:	\$	\$	\$
	Auto/RV/Boat 4			
	Comprehensive Deductible:	\$	\$	\$
	Collision Deductible:	\$	\$	\$
	Liability Limits:	\$	\$	\$
	Auto/RV/Boat 5			
	Comprehensive Deductible:	\$	\$	\$
	Collision Deductible:	\$	\$	\$
	Liability Limits:	\$	\$	\$
Auto/RV/Boat 6				
Comprehensive Deductible:	\$	\$	\$	
Collision Deductible:	\$	\$	\$	
Liability Limits:	\$	\$	\$	
<b>Total Annual Premium:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

Homeowners Insurance Comparison Worksheet

Property	Address:			
	Tax ID No./Parcel # (Ask your local Title Company):			
	Number of Losses in Last 3-5 Years if Covered by Homeowners or Fire Insurance:			
Dwelling	Construction (Frame, Brick, etc.):	Owner Occupant:	Wood Stove:	
	Age/Type of Furnace:	Year house was built:	Number of Rooms:	
	Inside/outside City Limits:	Total Square Feet:	Other:	
Discounts	Burglar/Fire Alarm (unmonitored)	Burglar/Fire Alarm (Monitored):	Hail-Resistive Roof:	
	Smoke Detector:	Sprinkler System:	Non-smoker:	
	Fire Extinguishers:	Deadbolt Locks:	Other Discounts:	
Safety Information	Name of Fire Department:		Distance from Hydrant/Station (feet/miles):	
	Current Market Value of Dwelling and Land:		Purchase Price of Dwelling:	
Comparison Worksheet	The Cost of Your Insurance:		Annual Premium:	
	Policy Form(s)	Current Company	Company (B)	Company (C)
	Property Coverage and Amount			
	A. Dwelling:	\$	\$	\$
	B. Other Structures:	\$	\$	\$
	C. Unscheduled Personal Property:	\$	\$	\$
	D. Additional Living Expense:	\$	\$	\$
	Liability Coverage and Amount			
	E. Personal Liability (bodily injury and property damage):	\$	\$	\$
	F. Medical Payments per person:	\$	\$	\$
	Deductible Amount:	\$	\$	\$
	Scheduled Personal Property:	\$	\$	\$
	Other Coverage(s)	\$	\$	\$
	Total Annual Premium:	\$	\$	\$
	Installment Charges(if applicable):	\$	\$	\$
Total Annual Cost of Homeowners Insurance:	\$	\$	\$	

Terms	A. Dwelling - Home or rental unit if landlord.
	B. Other Structures - Detached garage, tool shed, or pool house etc...
	C. Unscheduled Personal Property - clothes, TV, furniture, and other personal property.
	D. Additional Living Expense - If claim makes home uninhabitable insurance will pay to house insured somewhere else while repairs are made. Insured still has to pay mortgage payment.
	E. Personal Liability - dog bites neighbor, or my favorite, young daughter drops neighbor's baby and baby breaks arm. This would pay and yes it has happened.
	F. Medical Payments - Through negligence visitor trips and breaks arm, this would pay medical bill. If the injury exceeds the medical payment the personal liability kicks in.
	Deductible Amount - Loss amount less deductible is claim payout. I.E.... If the claim amount is \$1,500 and the deductible is \$250, then the claim check will be \$1,250.
	Schedule personal property - Wedding ring, musical instrument, guns, etc... Per item appraisal and coverage for expensive and/or unique items.
	Other coverage's - Replacement cost on personal property, dwelling or dwelling replacement options, I.E.... 125% replacement of dwelling. Dwelling (Coverage A) is \$100K company would max out at \$125k.