

Massachusetts State Coverage Information

State Minimum

PIP - \$ 8,000	
UM - \$ 20,000 / 40,000	BIL - \$ 20,000 / 40,000
PDL - \$ 5,000	

Most Common Policy Limits

PIP - \$ 8,000	
UM/UIM - \$ 100,000 / 300,000	BIL - \$ 100,000 / 300,000
Coll - \$ 500 deduct (if included)	PDL - \$ 100,000
Comp - \$ 500 deduct (if included)	

Common Upgrades

PIP - \$ 8,000	
UM/UIM - \$ 250,000 / 500,000	BIL - \$ 250,000 / 500,000
Coll - \$ 500 deduct	PDL - \$ 100,000
Comp - \$ 500 deduct	

Industry Recommended Amounts

PIP - \$ 8,000	
\$ 100,000 / 300,000	\$ 100,000 / 300,000
Coll - \$ 500 deduct	\$ 50,000
Comp - \$ 500 deduct	

Desired Amount of Coverage

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Desired Price

\$ _____

Offer Comparison Sheet 1

Offer 1

_____ \$ _____
(Company Name) (Final Price)

Offer 2

_____ \$ _____
(Company Name) (Final Price)

Offer 3

_____ \$ _____
(Company Name) (Final Price)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Deductible amount: \$ _____

Roadside Assistance \$ _____

Rental Reimbursement \$ _____

New Car Replacement \$ _____

GAP Insurance \$ _____

_____ \$ _____



Deductible amount: \$ _____

Roadside Assistance \$ _____

Rental Reimbursement \$ _____

New Car Replacement \$ _____

GAP Insurance \$ _____

_____ \$ _____



Deductible amount: \$ _____

Roadside Assistance \$ _____

Rental Reimbursement \$ _____

New Car Replacement \$ _____

GAP Insurance \$ _____

_____ \$ _____



Offer Comparison Sheet 2

Offer 4

_____ \$ _____
(Company Name) (Final Price)

_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____

Deductible amount: \$ _____

Roadside Assistance \$ _____

Rental Reimbursement \$ _____

New Car Replacement \$ _____

GAP Insurance \$ _____

_____ \$ _____



Offer 5

_____ \$ _____
(Company Name) (Final Price)

_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____

Deductible amount: \$ _____

Roadside Assistance \$ _____

Rental Reimbursement \$ _____

New Car Replacement \$ _____

GAP Insurance \$ _____

_____ \$ _____



Offer 6

_____ \$ _____
(Company Name) (Final Price)

_____ _____ _____	_____ _____ _____
_____ _____ _____	_____ _____ _____

Deductible amount: \$ _____

Roadside Assistance \$ _____

Rental Reimbursement \$ _____

New Car Replacement \$ _____

GAP Insurance \$ _____

_____ \$ _____



