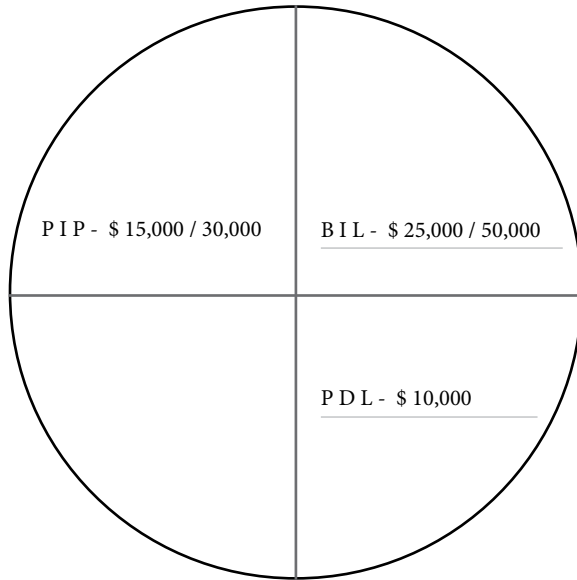
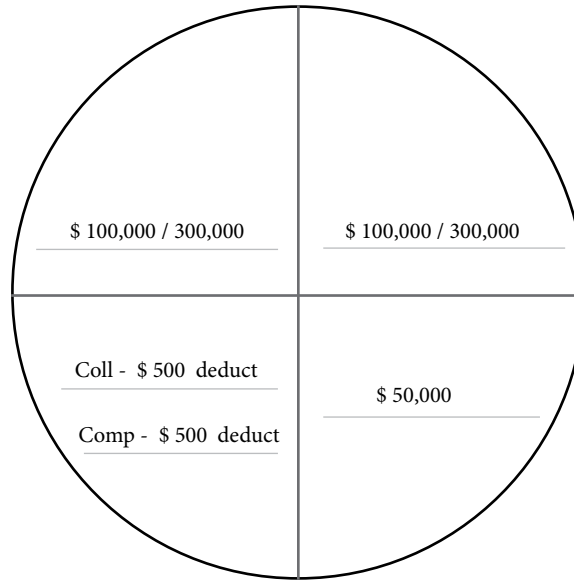


# Delaware State Coverage Information

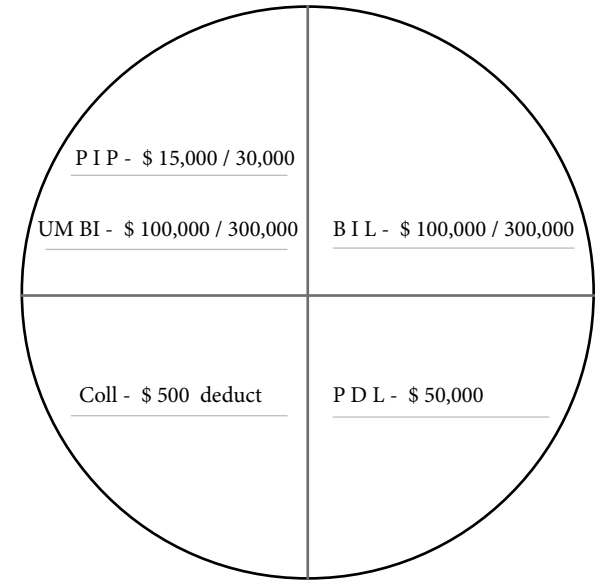
State Minimum Required Amounts



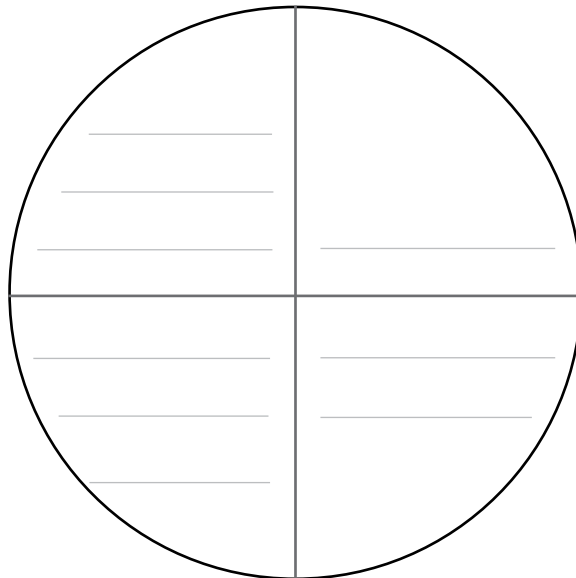
Industry Recommended Amounts



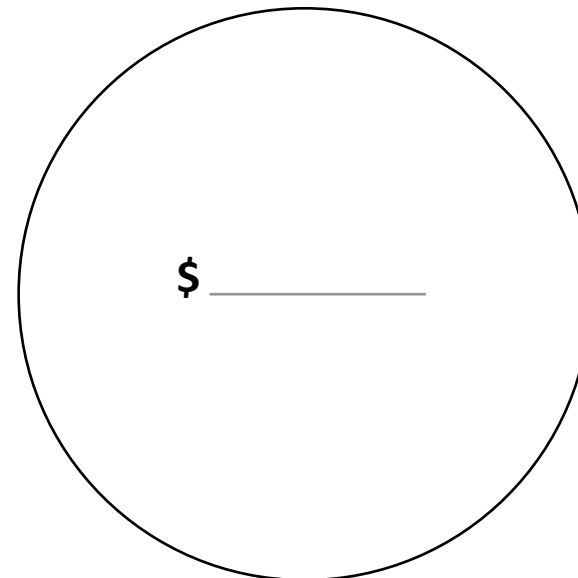
Common Coverage Levels in State



Your  
Ideal  
Amount  
of Coverage



Your  
Desired  
Target  
Price



# Offer Comparison Sheet 1

Offer 1

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

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

Deductible amount: \$ \_\_\_\_\_

Roadside Assistance \$ \_\_\_\_\_

Rental Reimbursement \$ \_\_\_\_\_

New Car Replacement \$ \_\_\_\_\_

GAP Insurance \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_

Offer 2

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

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

Deductible amount: \$ \_\_\_\_\_

Roadside Assistance \$ \_\_\_\_\_

Rental Reimbursement \$ \_\_\_\_\_

New Car Replacement \$ \_\_\_\_\_

GAP Insurance \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_

Offer 3

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

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

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 \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_



\_\_\_\_\_  
\_\_\_\_\_