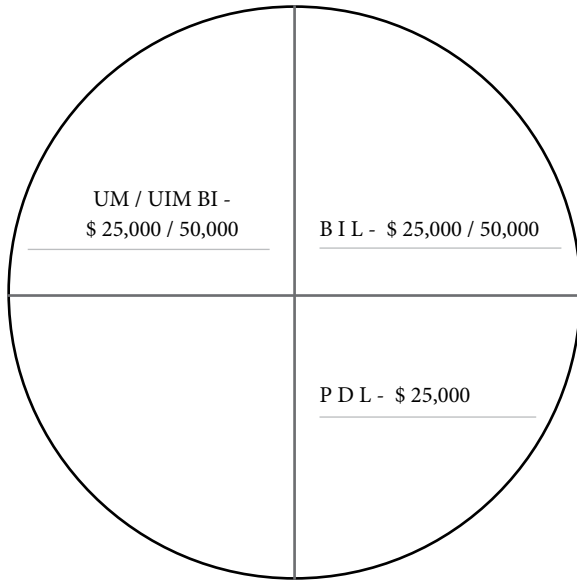
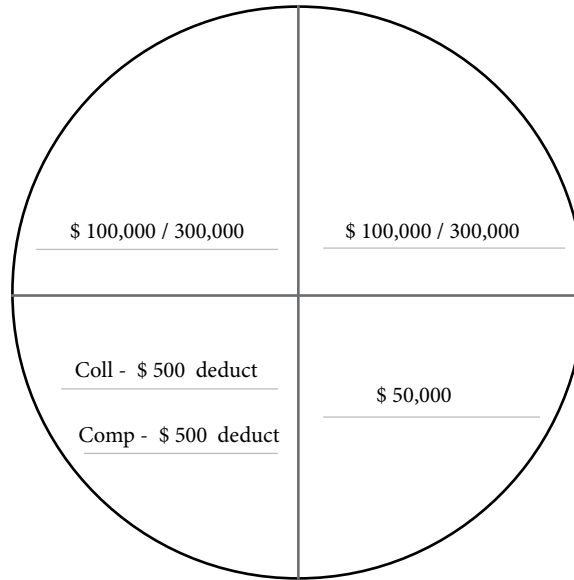


Connecticut State Coverage Information

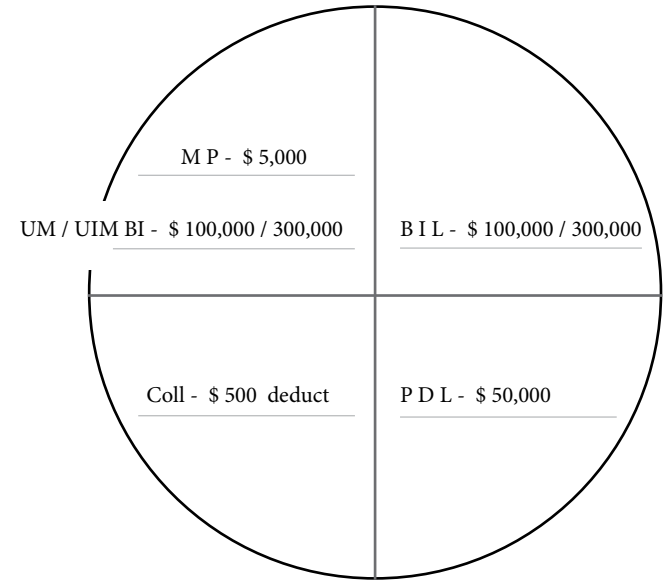
State Minimum Required Amounts



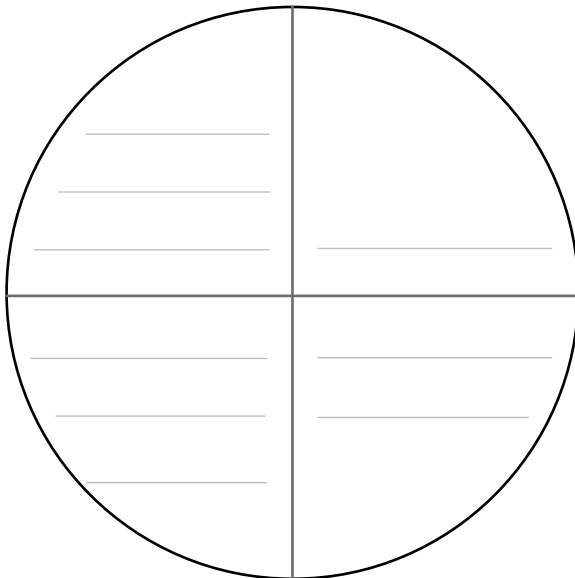
Industry Recommended Amounts



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 \$ _____

_____ \$ _____



