

Iowa State Coverage Information

State Minimum

	B I L - \$ 20,000 / 40,000
	P D L - \$ 15,000

Most Common Policy Limits

MP - \$ 2,000	B I L - \$ 50,000 / 100,000
UM/UIM - \$ 50,000 / 100,000	
Coll - \$ 500 deduct (if included)	P D L - \$ 50,000
Comp - \$ 500 deduct (if included)	

Common Upgrades

MP - \$ 5,000	B I L - \$ 100,000 / 300,000
UM/UIM - \$ 100,000 / 300,000	
Coll - \$ 500 deduct	P D L - \$ 100,000
Comp - \$ 500 deduct	

Industry Recommended Amounts

MP - \$ 5,000	\$ 100,000 / 300,000
\$ 100,000 / 300,000	\$ 50,000
Coll - \$ 500 deduct	
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: \$ _____

Deductible amount: \$ _____

Deductible amount: \$ _____

Roadside Assistance \$ _____

Roadside Assistance \$ _____

Roadside Assistance \$ _____

Rental Reimbursement \$ _____

Rental Reimbursement \$ _____

Rental Reimbursement \$ _____

New Car Replacement \$ _____

New Car Replacement \$ _____

New Car Replacement \$ _____

GAP Insurance \$ _____

GAP Insurance \$ _____

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 \$ _____

_____ \$ _____



