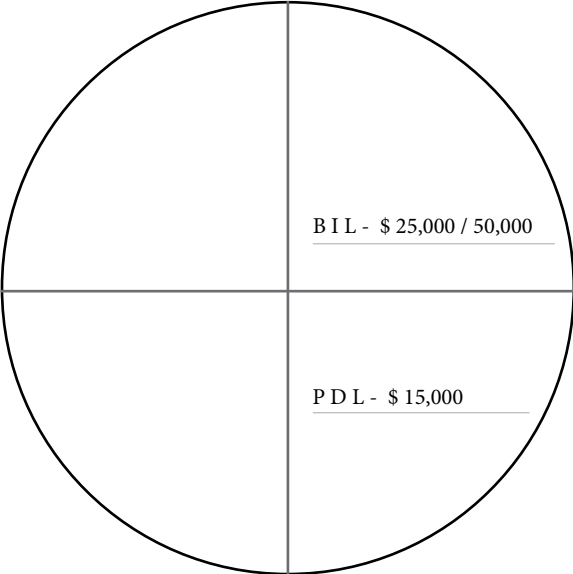
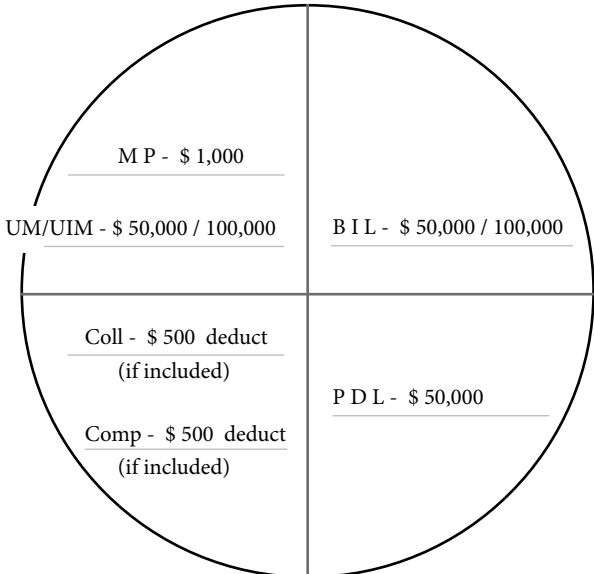


# Idaho State Coverage Information

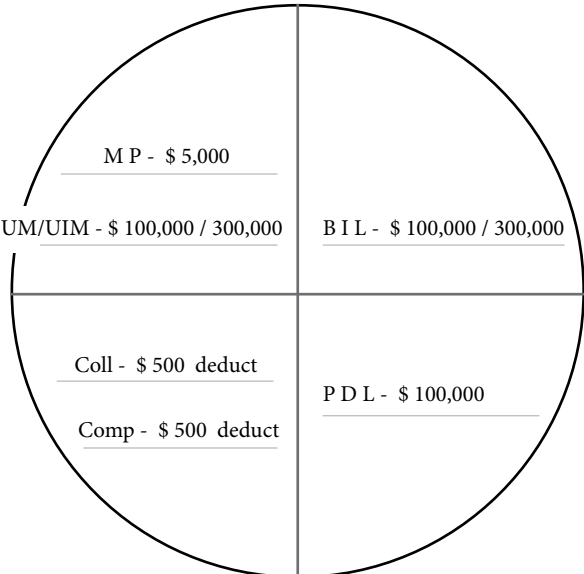
State Minimum



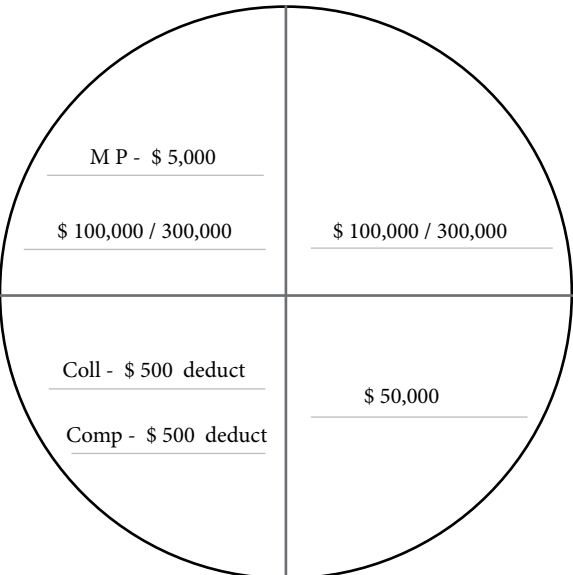
Most Common Policy Limits



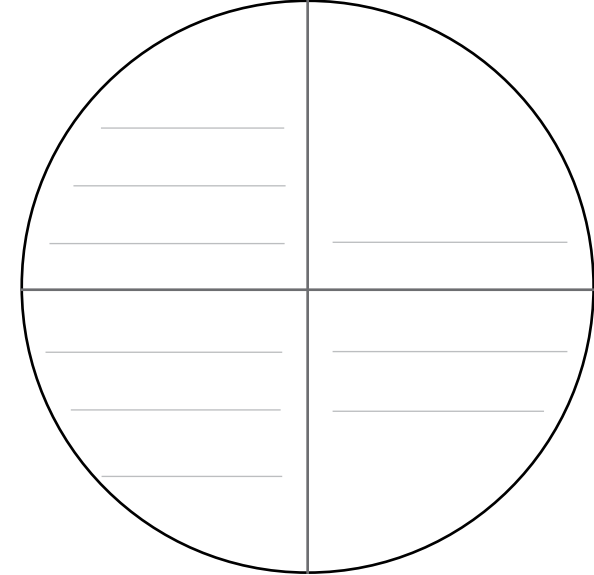
Common Upgrades



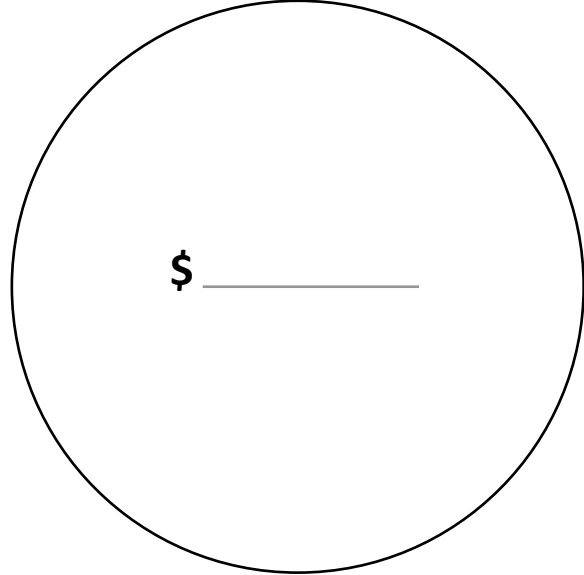
Industry Recommended Amounts



Desired Amount of Coverage



Desired 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 \$ \_\_\_\_\_

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



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