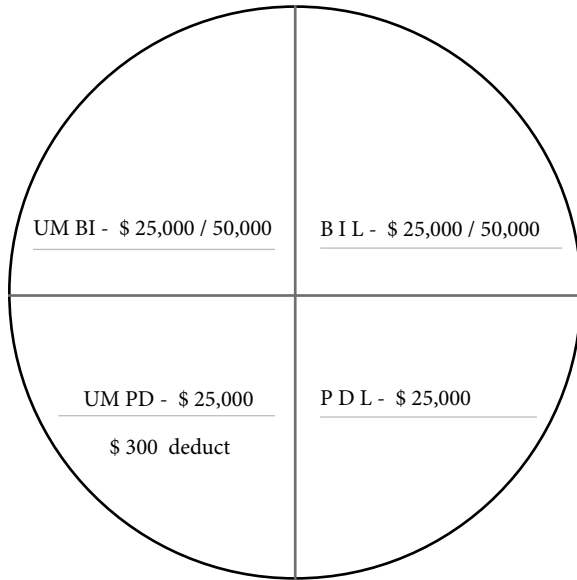
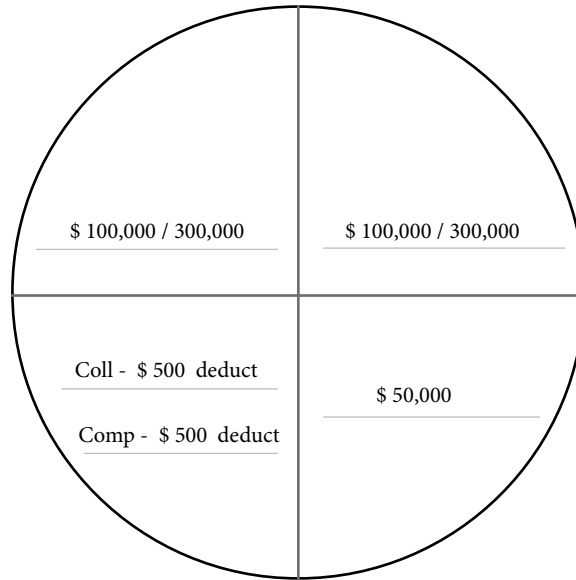


West Virginia State Coverage Information

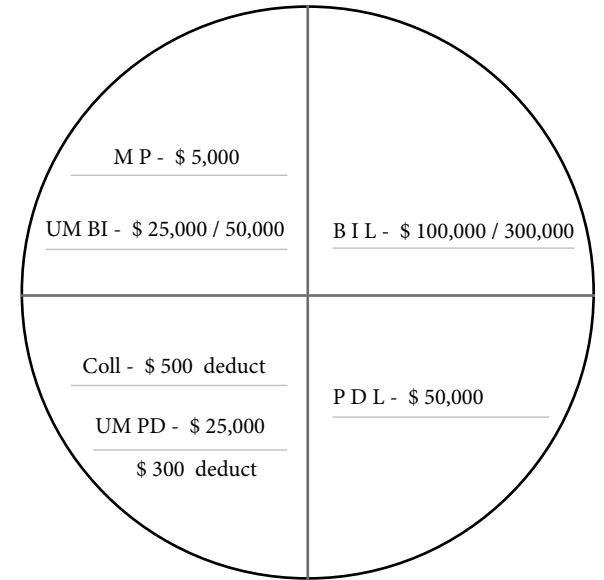
State Minimum Required Amounts



Industry Recommended Amounts



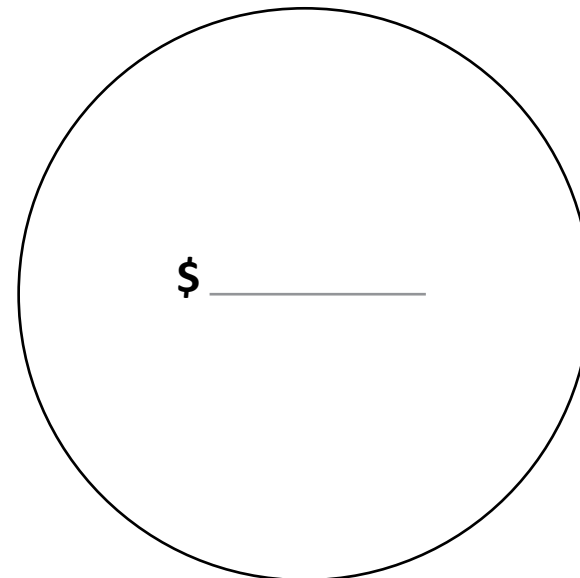
Common Coverage Levels in State



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 \$ _____

_____ \$ _____



