

Nevada State Coverage Information

State Minimum

| | |
|--|----------------------------|
| | B I L - \$ 25,000 / 50,000 |
| | P D L - \$ 20,000 |

Most Common Policy Limits

| | |
|---------------------------------------|-----------------------------|
| MP - \$ 1,000 | 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 | |
| Coll - \$ 500 deduct | \$ 50,000 |
| 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)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Deductible amount: \$ _____

Roadside Assistance \$ _____

Rental Reimbursement \$ _____

New Car Replacement \$ _____

GAP Insurance \$ _____

_____ \$ _____



Deductible amount: \$ _____

Roadside Assistance \$ _____

Rental Reimbursement \$ _____

New Car Replacement \$ _____

GAP Insurance \$ _____

_____ \$ _____



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 \$ _____

_____ \$ _____



