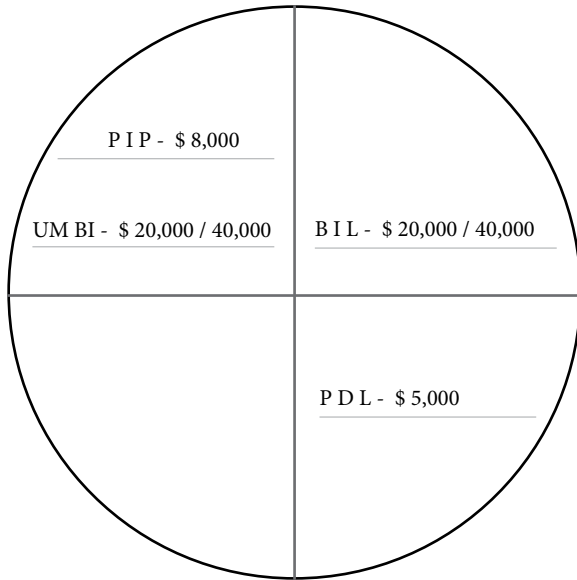
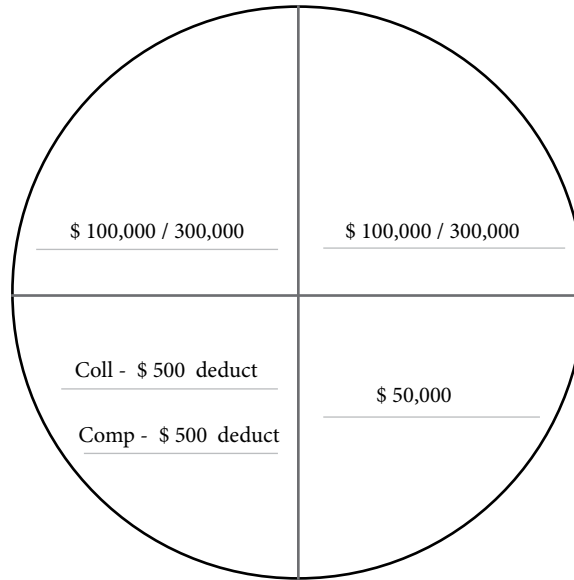


# Massachusetts State Coverage Information

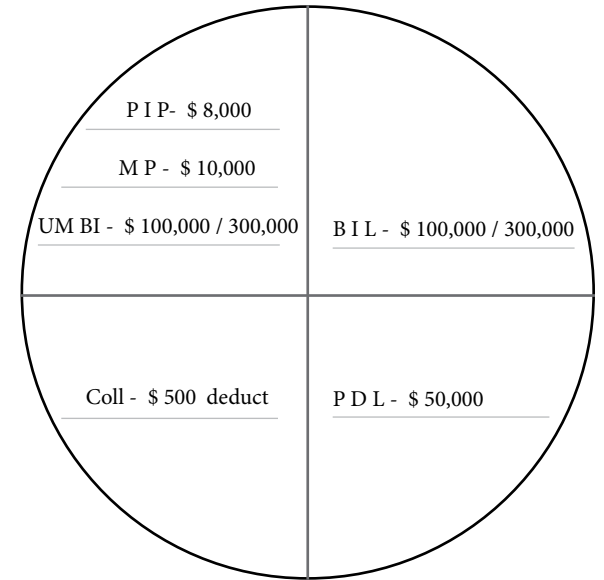
State Minimum Required Amounts



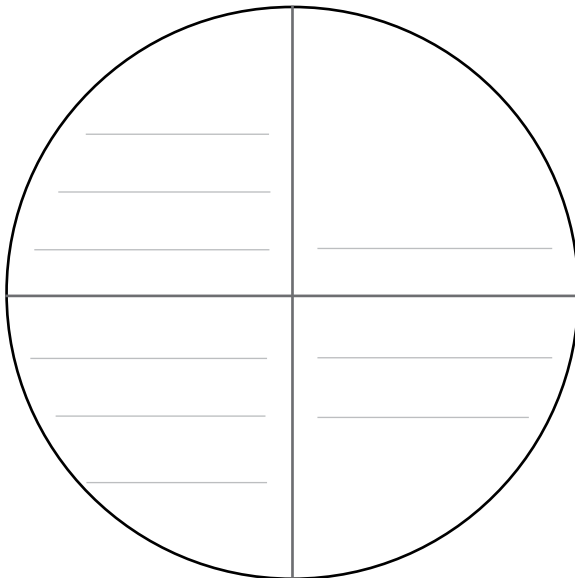
Industry Recommended Amounts



Common Coverage Levels in State

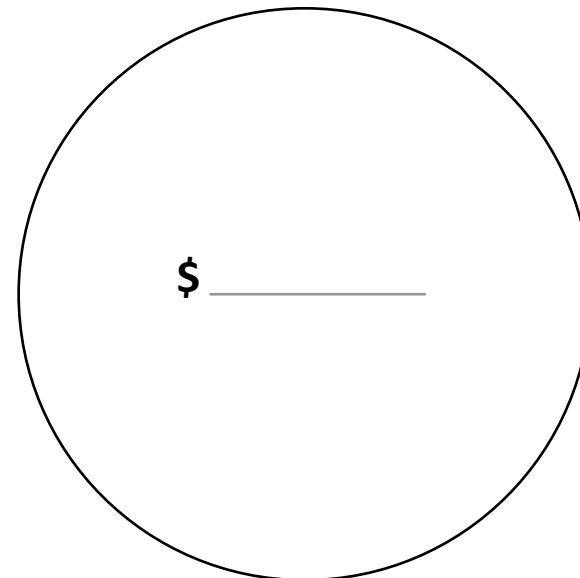


Your  
Ideal  
Amount  
of Coverage



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

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

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



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