



Auto Insurance Coverage					
Type of Coverage Desired	Limits	Deductible	Premium Costs		
			Co. #1	Co. #2	Co. #3
Bodily Injury					
Liability	\$ _____		\$ _____	\$ _____	\$ _____
Medical Payments	\$ _____		\$ _____	\$ _____	\$ _____
Protection Against Uninsured / Underinsured Motorists	\$ _____		\$ _____	\$ _____	\$ _____
Property Damage					
Liability	\$ _____		\$ _____	\$ _____	\$ _____
Comprehensive	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Collision	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Annual Cost			\$ _____	\$ _____	\$ _____

This worksheet is part of "Life Advice: Auto Insurance" at www.lifeadvice.com.