|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **APPLICANT INFORMATION** | | | | |
|  | | **Principal Driver** | **Other Driver** | **Other Driver** |
| Age | |  |  |  |
| Sex | |  |  |  |
| Marital status | |  |  |  |
| Percentage use of Vehicle #1 | |  |  |  |
| Percentage use of Vehicle #2 | |  |  |  |
| # of at-fault accidents last 3 years | |  |  |  |
| # of driving convictions last 3 years | |  |  |  |
|  | |  |  |  |
| **VEHICLE INFORMATION AND MILES DRIVEN** | | | | |
| **Vehicle** | **Year, Make, Model** | **VIN** | **Miles to/from work** | **Miles annually** |
| #1 |  |  |  |  |
| #2 |  |  |  |  |
|  | | | | |
| **INSURER INFORMATION** | | **Company 1** | **Company 2** | **Company 3** |
| Name | |  |  |  |
| Company contact | |  |  |  |
| Phone number or email | |  |  |  |
| Website | |  |  |  |
| Policy period | |  |  |  |
|  | | | | |
| **PREMIUM COMPARISON SUMMARY** | | | | |
| Premium for standard coverages (p.2) | |  |  |  |
| Add: Endorsement premium (p.1) | |  |  |  |
| Premium sub-total | |  |  |  |
| Less: Discounts provided: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total policy premium: | |  |  |  |
|  | | | | |
| **COVERAGE COMPARISON** | | **Company 1** | **Company 2** | **Company 3** |
| Virginia uses a standard form auto insurance policy with the same coverages regardless of insurer. However, some insurers may offer endorsements to broaden insurance coverages or increase standard limits of coverage. The availability of these endorsements may vary from one insurer to another. | | | | |
| Applicable endorsements | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Endorsement premium: | | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **STANDARD COVERAGES** | **Company 1** | **Company 2** | **Company 3** |
| **1. Bodily Injury (BI) and Property Damage (PD) Liability:** Pays when the operator of your motor vehicle is at fault for causing injury or death to others or damage to the property of others. Minimum limits of liability: $30,000 (one person); $60,000 (per accident); and $20,000 (per accident). | | | |
| Limits:  BI\_\_\_\_\_\_ Per Person  BI\_\_\_\_\_\_ Per Accident  PD\_\_\_\_\_\_Per Accident |  |  |  |
| Premium: |  |  |  |
| **2. Uninsured/Underinsured Motorist (UM/UIM):** Pays you or your resident family member(s) when injured by a hit-and-run or at-fault uninsured or underinsured driver. Subject to same minimum limits as liability coverage. Must equal the insured’s liability limits, unless lower limits are requested. | | | |
| Limits:  UM/UIM BI\_\_\_\_\_\_ Per Person  UM/UIM BI\_\_\_\_\_\_ Per Accident  UM/UIM PD\_\_\_\_\_\_Per Accident |  |  |  |
| Premium: |  |  |  |
| **3. Collision:**Regardless of whom is at fault, pays for damage to your motor vehicle as a result of a collision with another motor vehicle or object, or if it overturns. Pays the “actual cash value” if your motor vehicle is totaled unless your insurer has broadened this coverage. | | | |
| Deductible:  $\_\_\_\_\_\_\_\_ |  |  |  |
| Premium: |  |  |  |
| **4. Other than Collision (Comprehensive):**Regardless of whom is at fault, pays for damage to your motor vehicle from most any other cause such as fire, vandalism, hail, glass breakage, flood, wind, and falling objects, and pays if all or parts of it, such as the battery or tires, are stolen. Pays the “actual cash value” if it is totaled or stolen unless your insurer has broadened this coverage. | | | |
| Deductible:  $\_\_\_\_\_\_\_\_ |  |  |  |
| Premium: |  |  |  |
| **5. Medical Expenses (“MedPay”):** Regardless of whom is at fault, pays for reasonable and necessary medical and funeral expenses for you and your passengers, incurred as a result of an accident. It also covers you or your family members if struck while walking or riding in another auto. | | | |
| Deductible:  $\_\_\_\_\_\_\_\_ |  |  |  |
| Premium: |  |  |  |
| **6. Loss of Income:** Pays up to $100 per week for 52 weeks, if the injured person is employed and unable to work. | | | |
| Premium: |  |  |  |
| **7. Transportation Expenses:** Reimburses you for the expense of renting a substitute vehicle if yours is withdrawn from use for longer than 24 hours, and the withdrawal is caused by a collision or other loss as defined in your policy. If your car is stolen, then its 48 hours afterwards. | | | |
| Premium: |  |  |  |
|  |  |  |  |
| Total premium for standard coverages | $ | $ | $ |

(4/22/22)