

## Virginia Bureau of Insurance Private Passenger Auto Insurance Shopper's Worksheet

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:		\$ _____	\$ _____	\$ _____	

*When shopping for insurance, you should discuss your insurance needs with an agent.*

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STANDARD COVERAGES	Company 1	Company 2	Company 3
<b>1. Bodily Injury (BI) and Property Damage (PD) Liability:</b> 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:			
<b>2. Uninsured/Underinsured Motorist (UM/UIM):</b> 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:			
<b>3. Collision:</b> 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:			
<b>4. Other than Collision (Comprehensive):</b> 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:			
<b>5. Medical Expenses ("MedPay"):</b> 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:			
<b>6. Loss of Income:</b> Pays up to \$100 per week for 52 weeks, if the injured person is employed and unable to work.			
Premium:			
<b>7. Transportation Expenses:</b> 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:			
<b>Total premium for standard coverages</b>			
	\$	\$	\$

(4/22/22)

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