



Maryland

INSURANCE ADMINISTRATION

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Shopping for Automobile Insurance Company/Policy Comparison Worksheet

If you are shopping for automobile insurance, you may use this worksheet to help gather information about insurance companies and the automobile insurance policies they sell. You may call a producer or the insurance company for a rate quote. For general information about how to shop for insurance and sample rate estimates, refer to *A Consumer Guide to Auto Insurance* and *Auto Insurance: A Comparison Guide to Rates*. For copies of the guides, or if you have questions about insurance, please visit our website, www.insurance.maryland.gov or contact us at (800) 492-6116.

Company Name →			
Telephone number			
Financial rating			
Company licensed (Yes/No)			
Discounts offered			
Annual premium			
List all vehicles and drivers			

COVERAGE LIMITS

COVERAGE LIMITS COMPARISON (Coverages vary by policy. Make sure you get the coverage you need!)				
LIABILITY	Limits (30/60/15 is the minimum required by law):			
	Premium:			
PERSONAL INJURY PROTECTION (PIP)	Limits (\$2,500 is the minimum required by law, unless waived):			
	Premium – Full Coverage:			
	Premium – Waived Coverage:			
UNINSURED / UNDERINSURED MOTORIST COVERAGE	Limits:			
	Premium:			
COLLISION	Limits:			
	Premium:			
	Deductible:			

COMPREHENSIVE (OTHER THAN COLLISION)	Limits:			
	Premium:			
	Deductible:			
MEDICAL PAYMENTS	Limits:			
	Premium:			
TOWING AND LABOR	Limit per disablement:			
	Maximum number of days:			
	Premium:			
RENTAL REIMBURSEMENT	Limits:			
	Maximum number of days:			
	Premium:			

COVERAGE COMPARISON

COVERAGE COMPARISON (Coverages vary by policy. Make sure you get the coverage you need!)				
LIABILITY	Does the policy cover: <ul style="list-style-type: none"> • Family and other household residents? • People who drive my car with my permission? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does this policy provide liability coverage if: <ul style="list-style-type: none"> • I drive someone else's car? • I am driving a rental car? • I drive outside the United States? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the policy cover: <ul style="list-style-type: none"> • Family and other household residents who drive my car? • People who drive my car with my permission? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICAL DAMAGE	Does this policy provide physical damage coverage if: <ul style="list-style-type: none"> • I drive someone else's car? • I am driving a rental car? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the policy cover damage to: <ul style="list-style-type: none"> • A rental car? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the policy cover physical damage for: <ul style="list-style-type: none"> • Replacement vehicles? • Temporary substitute vehicles? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the policy cover physical damage for: <ul style="list-style-type: none"> • Replacement vehicles? • Temporary substitute vehicles? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No