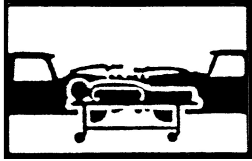


B & B INSURANCE - COVERAGE CHECKLIST

PART A: LIABILITY. Protects you from claims by others resulting from a covered auto accident in which you are involved, Including:



BODILY INJURY OR DEATH YOU CAUSE TO OTHERS
\$30,000 – one person
\$60,000 – per accident



PROPERTY DAMAGE YOU CAUSE TO OTHERS
\$25,000



LEGAL DEFENSE FOR YOU IN LAWSUITS BROUGHT FOR CLAIMS COVERED UNDER THE POLICY.

LIABILITY

WANT

DON'T WANT

PART B2: PERSONAL INJURY PROTECTION (PIP). Pays you for medical and funeral expenses, loss of income and essential service needs, resulting from a covered accident regardless of fault. Limit - \$2,500 per person per occurrence.



Doctor Bills

Hospital Bills

Funeral Services



Loss of Income

Essential Services

PERSONAL INJURY PROTECTION

MEDICAL PAYMENTS

PART B1: MEDICAL PAYMENTS. Pays you for medical and funeral expenses resulting from a covered accident. Medical Payments coverage differs from PIP coverage in that it does not include coverage for loss of income or essential services and coverage exclusions may differ. Limits start at \$500 per person per occurrence.

PART C: UNINSURED/UNDERINSURED MOTORIST COVERAGE (UM/UIM).

Pays you for medical expenses and auto repair costs you suffer from a driver with no insurance.

BODILY INJURY TO YOU
\$25,000 – one person
\$50,000 – two or more persons



PROPERTY DAMAGE TO YOU
\$25,000 (\$250 deductible)



UM/UIM

PART D: DAMAGE TO YOUR VEHICLE. Provides Comprehensive and Collision coverage for listed drivers.

Collision – pays you for repairing (or replacing) your auto after a covered accident, regardless of who is at fault. Limited to actual cash value.



COLLISION DEDUCTIBLE_____

Comprehensive – pays you for repairing (or replacing) your auto after mishaps other than collisions. Limited to actual cash value.

COMPREHENSIVE DEDUCTIBLE_____

RENTAL. Provides rental reimbursement in event of an accident covered by this policy.

RENTAL

TOWING. Pays for emergency road service and towing.

TOWING

For a complete understanding of these coverages and limitations, I will read the Texas Personal Auto Policy. I understand that these descriptions are intended as an overview. In the event of any conflict between these descriptions and the policy contract, the coverage will be governed by the language in the policy contract.

Applicant _____

Date _____

Sales Rep _____