Name: _____ Date: _____ Period: _____

Insurance

I I V K Q K J K I V C Z U I F M B W F C A R Z K
U H P I L O N G T E R M C A R E U D I Z T E H L
A O T B H C J B S G P Y T I L I B A I L F Y G H
L M H U Y T I L L I B A S I D E Q T N N L R X V
T E O T I T Y R B B P E O G K V G E O R P A Z Q
P O V W D E C N A R U S N I X A U T O S K I C U
X W E K C G Y U P D I U U D D L Z Y G Q C C V I
P N V R D O W W L R R O I N A Z K V K L G I D K
E E I R N C L E F T B S C V I L B K X M S F R O
P R S C S O H L G H A W H Z C L A I M N P E V T
J S N D D T V W I F N S G Y Y E F I S E T N N P
H W E E Z U S A S S A T C N T J I Q Q C F E T E
J G H T I A Y P F C I O D W F E T S E S D B C G
J F E X N N C A F C N O N D E H M L W I E J D A
Z A R C P Q U I D B Y G N T H I Q L D K D I L R
R C P L R F T S D X H Y A V T P W X O S U N B E
B W M H E W I G L L I F E T Y O Y N E Y C F M V
K S O X M V L C A R V Z F T T L V E P L T I K O
F A C B I P L A R I E H J R I I J M P Y I D O C
H U H Z U O L E O S Q K T D T C Z V O A B Y B L
R V H R M M U J V K E K U Y N Y T O Y V L M L H
O Z R J M D W C C W L D M J E C A M H W E X N I
W D U M G F F I Q R P S X D D K H E K D I S M Y
C G E L H E A L T H W H C H I D Y K T V Z M K Z

Identitytheft
Beneficiary
Liability
Premium
Life

Comprehensive
homeowners
Collision
Policy
Will

longtermcare
Deductible
insurance
health
Risk

Disabillity
Cashvalue
coverage
claim
auto

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