Name: _____ Date: _____

Insurance

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

PersonalProperty
Comprehensive
Homeowners
Uninsured
Renters

MedicalPayments
Underinsured
Inspection
Liability
Insured

PropertyDamage
BodilyInjury
Deductible
Collision
Pip