Name: _____ Date: _____ Period: _____

Insurance Terms

claims adjuster
comprehensive
full coverage
policyholder
workers comp
beneficiary
underwriter
deductible
disability
face value
homeowners
multiperil
insurance
liability
actuary
carrier
insured
insurer
premium
policy
peril
auto

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