

INSURANCE

ANSWER THE FOLLOWING TRUE OR FALSE



TRUE



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■ DRIVERS ARE REQUIRED TO MAKE WRITTEN REPORTS OF ALL TRAFFIC COLLISIONS IN WHICH THEY ARE INVOLVED.

FALSE



ANSWER THE FOLLOWING TRUE OR FALSE

THE WAY A PERSON DRIVES CAN AFFECT THE COST OF THEIR INSURANCE.

TRUE



ANSWER THE FOLLOWING TRUE OR FALSE



TRUE



ANSWER THE FOLLOWING TRUE OR FALSE



FALSE



ANSWER THE FOLLOWING TRUE OR FALSE

■ COLLISION INSURANCE PAYS FOR THE DAMAGEYOUR OWN CAR DOES TO THE OTHER DRIVER'S CAR.

FALSE



ANSWER THE FOLLOWING TRUE OR FALSE



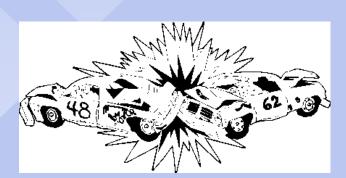
TRUE



ANSWER THE FOLLOWING TRUE OR FALSE

FOLLOWING A COLLISION, ONLY THE DRIVER AT FAULT MUST SHOW PROOF OF ABILITY TO PAY FOR THE DAMAGES CAUSED.

FALSE



ANSWER THE FOLLOWING TRUE OR FALSE

■ IF YOU HIT A PARKED CAR THAT IS UNATTENDED,
YOU MUST NOTIFY THE OWNER BY SOME MEHTOD.

TRUE



ANSWER THE FOLLOWING TRUE OR FALSE

IN OUR STATE, PROOF OF INSURANCE IS MET BY CARRYING COLLISION / COMPREHENSIVE COVERAGE UP TO THE LIMITS MANDATED BY THE LEGISLATURE.

FALSE



COLLISION COVERAGE

OPTIONAL INSURANCE WHICH PAYS FOR DAMAGES TO YOUR CAR CAUSED BY COLLISION WITH ANOTHER CAR OR OBJECT, OR BY ROLLING THE CAR OVER. FREQUENTLY REQUIRED IF YOU HAVE A CAR LOAN



COMPREHENSIVE PHYSICAL DAMAGE COVERAGE

OPTIONAL INSURANCE WHICH PAYS FOR DAMAGE TO YOUR AUTO CAUSED BY THINGS OTHER THAN COLLISION OR ROLLING THE CAR OVER, SUCH AS FLOOD, FIRE, THEFT, VANDALISM, OR HAIL.

THIS IS FREQUENTLY REQUIRED IF YOU HAVE A LOAN.



DEDUCTABLE

THE AMOUNT WHICH YOU AGREE TO PAY PER COLLISION. THIS IS SUBTRACTED FROM THE TOTAL AMOUNT PAID BY YOUR INSURER.

IF THE CLAIM IS \$500.00 AND YOUR DEDUCTABLE IS \$100.00

YOU PAY \$100.00 AND YOUR INSURANCE COMPANY WILL PAY \$400.00.

THE HIGHER THE DEDUCTABLE, THE LOWER YOUR PAYMENT WILL BE FOR THE INSURANCE POLICY.



NO FAULT INSURANCE COVERAGE

A FORM OF INSURANCE AVAILABLE IN MANY STATES

IN WHICH EACH DRIVER IN A COLLISION FILES A CLAIM FOR LOSSES, SUCH AS MEDICAL EXPENSES,

WITH THEIR OWN INSURANCE COMPANY, REGARDLESS OF WHO IS AT FAULT.



LIABILITY

A LEGALLY ENFORCEABLE FINANCIAL OBLIGATION



LIABLITY COVERAGE

INSURANCE WHICH PAYS THE LOSSES OF OTHER PEOPLE WHICH YOU CAUSE UNINTENTIONALLY OR THROUGH NEGLIGENCE;

- A) BODILY INJURY LIABILITY: PAYS MEDICAL EXPENSES OF OTHERS.
- B) PROPERTY DAMAGE LIABILITY: PAYS CLAIMS AGAINST YOU IF YOU DAMAGE SOMEONE ELSE'S CAR OR PROPERTY.



UNINSURED MOTORIST COVERAGE

INSURANCE WHICH PAYS FOR YOUR EXPENSES

RESULTING FROM AN A COLLSION WITH A HIT AND RUN DRIVER, OR

WITH SOMEONE WHO DOES NOT HAVE INSURANCE.



LIABILITY SPLIT LIMIT COVERAGE 25/50/10

\$25,000 - IS WHAT THE INSURANCE WILL PAY UP
TO FOR A SINGLE PERSONAL INJURY

\$50,000 - IS WHAT THE INSURANCE WILL PAY UP TO FOR 2 OR MORE PEOPLE WHO ARE INJURED.

\$10,000 - IS WHAT THE INSURANCE WILL PAY UP
TO FOR DAMAGE TO PROPERTY

Remember these amounts do NOT protect <u>you</u> or <u>your</u> <u>vehicle</u>.

PERSONAL INJURY PROTECTION (PIP)

THIS INSURANCE COVERS YOU AND YOUR PASSENGER'S MEDICAL EXPENSES:

IF YOU ARE AT FAULT

SURCHARGES

THESE ARE ADDED TO YOUR INSURANCE PREMIUM WHEN YOU ARE IN COLLISIONS OR HAVE RECEIVED CITATIONS FOR VIOLATIONS.

DISCOUNTS

THESE ARE GIVEN TO GOOD DRIVERS WHO:

EARN GOOD GRADES

DO NOT SMOKE

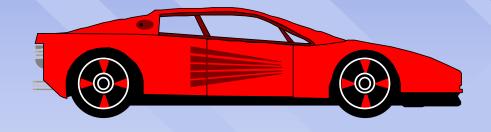
OWN VEHICLES WITH SAFETY FEATURES SUCH AS:

"AIR BAGS"
"ANTI-LOCK BRAKE SYSTEMS"

ESTABLISHING RATES

CARSARE RATED BY THE:

- **YEAR**
- **MAKE**
- **MODEL**
- **ENGINE SIZE**



AND IF IT IS CUSTOMIZED OR NOT.

ESTABLISHING RATES

DRIVERS ARE RATED BY THEIR:

- **■**AGE
- MARITAL STATUS
- **DRIVING RECORD**
- **GENDER (MALE OR FEMALE)**
- **MILES THEY DRIVE**
- **WHERE YOU LIVE**
- **FULL OR PART TIME USE**



ESTABLISHING RATES

IF YOUR DRIVING BECOMES TOO MUCH OF A RISK FOR YOUR INSURANCE COMPANY

YOU MAY GET MOVED TO AN ASSIGNED RISK OR HIGH RISK PLAN

AND YOU WILL PAY A HIGHER PREMIUM FOR THE PRIVILEGE OF DRIVING.

WHAT TO DO IF YOU HAVE A COLLISION

- FIRST: SECURE THE CRASH SCENE
- AID THE INJURED
- CALL MEDICAL HELP FOR ANYONE WHO MAY BE INJURED
- CALL THE POLICE AND DO NOT LEAVE THE SCENE BEFORE THEY ARRIVE
- GET THE NAME OF INSURANCE, DRIVERS LICENSE NUMBER OF EVERYONE WHO WAS INVOLVED.

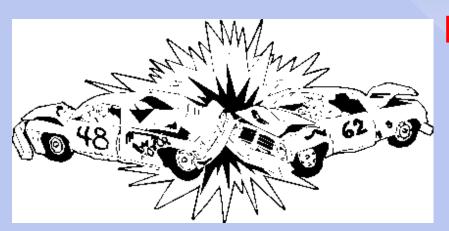
WHAT TO DO IF YOU HAVE A COLLISION

- **GET THE NAMES AND ADDRESSES OF EVERYONE WHO SAW THE COLLISION**
- **NOTIFY YOUR INSURANCE AGENT OR COMPANY IMMEDIATELY**
- **GET A COPY OF THE POLICE REPORT**

THE ACCIDENT REPORT

AS OF MAY 2, 1997

IF YOUR COLLISION WAS INVESTIGATED BY A LAW ENFORCEMENT OFFICER, YOU ARE NOT REQUIRED TO FILE A VEHICLE COLLISION REPORT



RCW 46.52.020

FILLING OUT THE COLLISION REPORT

Location Information: time, date, day, where, etc.

Priver and Vehicle Information:
name, address, license number, vehicle information,
and where the was vehicle damaged.

Personal Injury: status of injured

Proposition Description of Collision: written and graphic

Collision Information:

road surface, weather, light conditions, traffic control, type of road, driver/vehicle actions

Take pictures if you can:

