

## **AUTOMOBILE INSURANCE CHECKLIST**

You can print this checklist and enter the information that appears on your current policy declarations page. Take the checklist to your insurance representative to change any incorrect information, make sure you are receiving all the discounts you are entitled to and get an explanation of any surcharges that have been applied to your policy.

### **Insurance Coverage Information**

#### **Required Minimum Coverage Limits:**

- Bodily Injury Liability (\$25,000 per person/  
\$50,000 per accident)
- Property Damage Liability (\$10,000)
- No-Fault (PIP) (\$50,000)
- Uninsured Motorists (\$25,000 per  
person/\$50,000 per accident)

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#### **Optional Coverage Limits:**

- Additional No-Fault (PIP)
- OBEL (\$25,000 – only option available)
- Supplementary Uninsured/Underinsured  
Motorist (you can purchase additional SUM  
limits up to the amount of Bodily Injury  
Limits that you have)
- Towing
- Car Rental Reimbursement
- Spousal Liability (Yes/No)(if purchased,  
this coverage is included in the Bodily  
Injury Liability limit)

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#### **Deductibles:**

- Collision Coverage
- Comprehensive Coverage
- \$100 or \$200 No-Fault (PIP)

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**Discounts:**

You may refer to the “Shopping For Auto Insurance” section of our website under “Discounts and Saving Money” ([https://www.dfs.ny.gov/consumers/auto\\_insurance/discounts\\_and\\_saving\\_money](https://www.dfs.ny.gov/consumers/auto_insurance/discounts_and_saving_money)) for a description of these discounts and note if they apply to you.

	Yes	No
Accident Prevention Course	<input type="checkbox"/>	<input type="checkbox"/>
Passive Restraint Devices	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Lock Brakes	<input type="checkbox"/>	<input type="checkbox"/>
Anti-theft Devices	<input type="checkbox"/>	<input type="checkbox"/>
Driver Training	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Car Discount	<input type="checkbox"/>	<input type="checkbox"/>
Retiree/Senior Citizen (discount may be available for reduced driving)	<input type="checkbox"/>	<input type="checkbox"/>
Daytime Running Lights	<input type="checkbox"/>	<input type="checkbox"/>
Accident Free/Careful Driver	<input type="checkbox"/>	<input type="checkbox"/>
“Account” Discount (for multiple policies with the same insurer)	<input type="checkbox"/>	<input type="checkbox"/>

**Car and Driver Information:**

- Territory:
- Make/Model Year/VIN (Vehicle Identification Number):
- Age of Principal Driver:
- Youthful Operator in Household(Yes/No):
- Work Use (miles):
- Convictions/Accidents (points):


Please see the “Shopping For Auto Insurance” section of our website under “Applying for Auto Insurance” for a discussion of these factors: ([https://www.dfs.ny.gov/consumers/auto\\_insurance/applying\\_for\\_auto\\_insurance](https://www.dfs.ny.gov/consumers/auto_insurance/applying_for_auto_insurance))