AUTO

Emaly Riojas State Farm Agency
State Farm®

State Farm® Auto Insurance

MANDATORY COVERAGES

LIABILITY COVERAGE

Pays damages due to bodily injury and property damage to others for which you are legally liable. Includes cost of defending you in a lawsuit.

MINIMUM LIMITS
Bodily Injury (BI) / Property Damage (PD)
Each Person/Each Accident
$30,000/$60,000 $25,000

OPTIONAL INCREASED LIMITS (BI / PD)
$100,000/$300,000 / $100,000
$250,000/$500,000 / $300,000
$500,000/$500,000 / $500,000

PERSONAL INJURY PROTECTION

Pays no-fault benefits for bodily injury to an insured.
(may be purchased as stacking or non-stacking)

MEDICAL EXPENSES
Minimum Limits: $2,500

OPTIONAL INCREASED LIMITS: $5,000 / $10,000

Income Loss; Replacement Services; Survivor's Loss

UNINSURED/UNDERINSURED COVERAGE

Pays bodily injury damages caused by an uninsured/underinsured motor vehicle.

MINIMUM LIMITS
Bodily Injury (BI) / Property Damage (PD)
Each Person/Each Accident
$30,000/$60,000 $25,000

OPTIONAL INCREASED LIMITS (BI / PD)
$100,000/$300,000 / $100,000
$250,000/$500,000 / $300,000
$500,000/$500,000 / $500,000

OPTIONAL COVERAGES

EMERGENCY ROAD SERVICE

Pays the reasonable expense for towing to the nearest station, up to one hour labor at place of breakdown — includes jump-starting.

CAR RENTAL & TRAVEL EXPENSES

Pays rental fees when the insured car cannot run or is being repaired due to accidental loss or damages.

80% of daily cost, $1,000 per occurrence
80% of daily cost, $1,500 per occurrence

Also may cover extra travel expenses or damage to rented vehicle deductible.

PHYSICAL DAMAGE — COMPREHENSIVE

Pays for accidental loss or damages to the insured car caused by other than collision, including fire, theft and vandalism.
$500 / $1,000 / $2,000 deductible
*Additional deductible options available

PHYSICAL DAMAGE — COLLISION

Pays for accidental damage to the insured car resulting from collision or upset.

$500 / $1,000 / $2,000 deductible options
*Additional deductible options available

DEATH, DISMEMBERMENT & LOSS OF SIGHT

Pays specified amount for death, loss of sight, and loss of limbs sustained by a designated person resulting from a car accident.

LIMITS: (1) $5,000 / (2) $10,000

4 Things That Can Happen in an Accident

1

You injure someone else

SOLUTION: Liability Coverage

Pays damages due to bodily injury and property damage to others for which you are legally liable. If you only have the state minimum of $30,000/$60,000, you could be personally responsible for anything above that.

2

Your car is damaged

SOLUTION: Comprehensive & Collision Coverage

Comprehensive covers fire, theft, vandalism, weather, and non-collision damage. Collision covers damage from hitting another vehicle or object. Without these, you pay out of pocket for all repairs.

3

You're hurt and can't work

SOLUTION: PIP / Health Insurance / Disability Insurance

Personal Injury Protection (PIP) covers medical expenses and lost wages up to your policy limits. Health Insurance covers ongoing medical treatment. Disability Insurance replaces income if you're unable to work long-term.

4

You didn't make it home

SOLUTION: Life Insurance

Life insurance ensures your family isn't left with your debts, funeral expenses, and lost income. A simple term policy can provide $125,000 in protection for just a few cents per day.

2025 Modernization Questions

1. **If you were at fault in an accident, would you want State Farm to pay for the medical costs and property damage to the other party in its entirety?**
   (250/500/100 & PLUP & Home/Renters)

2. **Would you want State Farm to pay the costs to repair or replace your vehicle?**
   (Comp/Coll & Vehicle Loan)

3. **If you were hurt in the accident and unable to work, would you want State Farm to pay for your medical expenses and lost wages?**
   (PIP/Med Pay, Hospital Income, Disability Income)

4. **If you did not make it out of the accident alive, how much would you want State Farm to leave your loved ones?**
   (Life, Refi/Veh Loan)

Life Needs Analysis — LIFE-O Framework:

- **L –** Loans / Liabilities = _____
- **I –** Income Replacement = _____ × How many years _____
- **F –** Final Expenses (Funeral + Medical) = _____
- **E –** Education Expenses (left for kids) = _____
- **O –** Other (Family Member Care, Charities/Churches) = _____

Phone: _____ Today's Date: _____
Email: _____

Auto Quote Worksheet

How did you hear about Emaly Riojas State Farm Agency?

What is the most important qualities you look for when choosing insurance?

How often do you shop for insurance? Yearly / Less than Yearly

Will it be important for you to be able to talk to your agent in person? Y / N

Do you have insurance policies with separate companies? Y / N

Street: _____ City: _____ State: _____ Zip: _____

Rent / Own: Has Renters / Homeowners / None **NEED SSN FOR FIRE POLICY QUOTES

Commercial: Do you own a business? Y / N If Yes, What do you do? _____

When does your contract Expire with your current insurance company?

Name(s) of All Household Drivers:

1) Name: _____ BD: ____ / ____ DL#: _____ (SSN: ____ - ____ - ____)

2) Name: _____ BD: ____ / ____ DL#: _____ (SSN: ____ - ____ - ____)

3) Name: _____ BD: ____ / ____ DL#: _____ (SSN: ____ - ____ - ____)

4) Name: _____ BD: ____ / ____ DL#: _____ (SSN: ____ - ____ - ____)

Vehicles Tell me about your vehicles...

1) Year: _____ Make: _____ Model: _____ VIN: _____

2) Year: _____ Make: _____ Model: _____ VIN: _____

3) Year: _____ Make: _____ Model: _____ VIN: _____

4) Year: _____ Make: _____ Model: _____ VIN: _____

Coverage (Full coverage = Comprehensive and Collision)

- ☐ A (Liability Limits): ____/____/____
- ☐ D (Comp): 0 100 250 500 1000
- ☐ G (Collision): 250 500 1000

V1: ☐ Full ☐ Liability Only **V2:** ☐ Full ☐ Liability Only **V3:** ☐ Full ☐ Liability Only **V4:** ☐ Full ☐ Liability Only

Additional Vehicles Info

1) Purchase Date: _____ Lien: Y / N Lienholder: _____ Refi: Y / N

2) Purchase Date: _____ Lien: Y / N Lienholder: _____ Refi: Y / N

3) Purchase Date: _____ Lien: Y / N Lienholder: _____ Refi: Y / N

4) Purchase Date: _____ Lien: Y / N Lienholder: _____ Refi: Y / N

Has anybody had any Tickets or Accidents in last 3 years?

N / Y -Tickets: _____

N / Y -Accidents: _____

Discounts: GSD (U 25) Drivers' ED (U 21) SCD (U 25) Ann. Mileage: _____ Def. Drvr (O 55)

Current Insurer: _____ **PAYMENT PROTECTOR INCLUDED?**

How many years have you been with them? Years: _____

TEAM MEMBER NAME: _____ QUOTE #: _____

Multi Line Info Sheet

HOME

Year Built: _____

Coverage Amount: _____

Deductible: _____

Sq Ft: _____

Construction Type: _____

Roof Type: _____

Alarm System: _____

RENTERS

of Rooms: _____

Personal Property Coverage Amount: _____

PAYMENT PROTECTOR

Mortgage / Rent Payment: _____

Occupation: _____

Annual Income: _____

Height: _____

Weight: _____

Smoker (Y / N): _____

PAYMENT PROTECTOR PIVOT

"If your house payment was (monthly payment + $50) instead of (current payment), would you still have bought the house? Y / N" If you got hurt or sick and couldn't work, would you rather lose your house or lose your house payment? If you're still willing to buy your house for $50 more a month, would it be worth it to pay $50 or less a month to know that you could lose your house payment instead of losing your home if you got hurt or sick and

PAP PIVOT

Do you have anything in your household that is over $1,000 that you are concerned about such as a computer? Great we will put that on a separate policy in case you lose it or break it that will have no deductible.

AUTO C.P.R. QUESTIONS

1. How long have you been driving?

2. Any accidents or tickets in the last 3 years?

3. Do you rent or own your home?

4. Do you have a mortgage? Who is your lender?

5. Do you have life insurance? How much?

6. Are you married? Do you have children?

7. What is your occupation?

8. Do you have any commercial vehicles or special equipment?

9. Would you like a quote on your motorcycle, RV, or boat?

Team Member Name: _____ **Quote #:** _____

Motorcycle Quote Worksheet

Year: _____

Make: _____

Model: _____

VIN #: _____

Cost Price New: _____

Actual Cash Value: _____

Coverage: ◻ Liability Only ◻ Full Coverage ◻ Other: _____

Are autos in Mutual? ◻ Yes ◻ No TCM for MC: ◻ Yes ◻ No

Notes:

RV / Recreational Vehicle Quote Worksheet

Year: _____

Make: _____

Model: _____

VIN #: _____

Type (circle one): Motorhome / Travel Trailer / Fifth Wheel / ATV / UTV / Golf Cart / Dune Buggy

Purchase Date: _____ MSRP / Value: _____

Length: _____ Width: _____

Comp Deductible: ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,000

Collision Deductible: ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,000

How often used? ☐ Year-round ☐ Seasonal ☐ Occasional

Lienholder Name: _____

Lienholder Address: _____

Notes:

Boat Quote Worksheet

Year: _____

Make: _____

Model: _____

Value of Boat: _____

VIN of Boat: _____

CC of Motor: _____

VIN of Motor: _____

Motor Type (circle): Inboard / Outboard

Length: _____ Horsepower: _____

Value of Trailer: _____

VIN of Trailer: _____

Safety Discount: ◻ Yes ◻ No

COVERAGES

Liability: ◻ 100/300/100 | Deductible: ◻ $50 ◻ $100 | Medical: ◻ $1,000

Notes: