Name: _____ Date: _____ Period: _____

Car Insurance

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

Auto insurance
Deductible
Expenses
Property
Claim
Glass coverage
Liability
Coverage
Medical
Agent
Comprehensive
Collision
Benefits
Policy