

Name: _____

Date: _____

Insurance

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

Contribution
Deductible
Proximity
Insurer
Policy

Declaration
Exclusions
Average
Invoice
Claim

Subrogation
Indemnity
Insured
Premium
Risk