

Underwritten by: Bristol West Insurance Company

									Rates Effective 11/05/2020								
	te provided for: RYAN GELINA E9574 COUNTY ROAD V STRUM, WI 54770-9420			Quote	Quote Date: Quote Time: Proposed Effective Date:			03/11/2021 10:31 AM ET 03/18/2021		14 E	-	ÀNKE , MN	EE DO 5512	w DOODLE RD 5121-1801			
COVERAGES Liability Bodily Injury/ UM Bodily Injury UIM Bodily Injury	/Property Damage		100/30 100/30 100/30 100/30	00 00													
Medical Payments Note: Coverage prov	vided only if premium	s are not ze		J													
VEHICLE INFORMA																	
VEHICLE		Ga	r Zip	COMP	COLL	TL	RT	AOE	ACV	VTI	USE	LI1	LI2	LI3 I	PH1	PH2	YMM
2005 DODGE NEON 2018 RAM 1500 SLT 2016 KIA SPORTAG	PK	54770 54770 54770		None 500 500	None 500 500	None 75/225 75/225	None None None	None None None	N/A N/A N/A	S T U	P P P	07	10 18 14	10	02 14 11	13 25 24	DN5 DR4 KS5
DRIVER INFORMAT			110	000	000	10,220	None	None	14/73		-	00	17	00		24	1100
NAME RYAN GELINA JESSICA KNUTSON	1	REL AGE Insured 36 Spouse 43		R	ATED ated ated		MS SR22 M No M No		MATURE DRIVE No No			/ER DISTANT STUDENT No No					
TIER: 0BA									P	OLIC	CY TE	RM:			6 M	onths	
PREMIUM INFORM COV Bodily Injury Property Damage UM Bodily Injury UIM Bodily Injury Medical Payments Comprehensive Collision Rental Towing and Labor Additional Equipmen Vehicle Total PREMIUM GRAND T Vehicle Subtotal (al Policy Fee Grand Total RATING/DISCOUNT	vERÂGES nt FOTAL I vehicles)	\$2 \$1	\$4 \$1 \$2 \$3 \$ \$ \$ \$ \$ \$	0.00 4.00 7.00 6.00 2.00 0.00 0.00 0.00 0.00 0.00 9.00 Semi-A	\$ \$ \$2 \$1 \$5	TO #2 53.00 443.00 112.00 118.00 222.00 59.00 \$0.00 \$5.00 \$0.00 55.00	\$ \$ \$ \$1 \$11	O #3 52.00 41.00 12.00 18.00 23.00 97.00 43.00 \$0.00 \$5.00 \$0.00 50.00 91.00									
MOBILE HOMEOWNER: No MUL PRIOR CARRIER: Yes ADV DISTANT STUDENT: No YEA			MULTI- ADVAN YEARS PRODL	DMEOWNER: JLTI-POLICY: DVANCED QUOTE: ARS CLEAN: RODUCER EMPLOYEE:			ት ነ 5	Years	PAID IN FULL: EFT: ADVANCED PURCHASE: MATURE DRIVER: GO PAPERLESS:					No Yes Yes No Yes			
DIRECT BILLING O	PTIONS: Includes a Pay Plan	\$10.00 ser	vice cha		[.] installn own Pay		Nue	nhor of In	etallmonte	•		۸me	unt ·	oor l	neta	llmor	+
		5 @ 16.66%	6 Pay (EFT Only) - 16.7% down, 5 @ 16.66% *6 Pay - 20% down, 5 @ 16% 6 Pay - 24% down, 5 @ 15.2% 3 Pay (Day 43) - 34% down, 2 @ 33%				Number of Installments 5 5 5 2				Amount per Installment \$217.42 \$209.20 \$199.24 \$420.85						
*6 Pa	ay - 20% down, 5 @ 1 / - 24% down, 5 @ 1	16% 5.2%			\$269.0 \$318.8 \$443.3	0		5					\$	209. 199.	20 24		

An asterisk (*) indicates the selected pay plan THIS QUOTE IS BASED ON THE INFORMATION PROVIDED BY THE APPLICANT AND IS SUBJECT TO FINAL UNDERWRITING

You will save \$187.00 if you elect to Pay-In-Full (PIF).

Note: This policy contains the Advanced Purchase Discount. Your policy must be uploaded by two or more days prior to the effective date for the discount to apply.

Please review the information you have provided for accuracy; incomplete and inaccurate information could affect your rate. This quote reflects premium that has been completely verified through all vehicle and driver history reports.