

Underwritten by: Bristol West Casualty Insurance Company

	-	QUC	QUOTE WORKSHEET						Rates Effective 03/04/2021									
	ote provided for: SHARON BAUER 384 MARIE AVE E SAINT PAUL, MN 55118-4026 651-325-8924			Quo	te Date: te Time oosed Et			08/23/2021 3:45 PM ET 09/22/2021	M ET			Schmitz,Andrew 1434 YANKEE DOODLE RD EAGAN, MN 55121-1801 651-456-8834						
COVERAGES Liability Bodily Injury Personal Injury Prote UM/UIM Note: Coverage prov	ection	is are not z	20/0-2 100/3)													
VEHICLE INFORMA																		
VEHICLE		Gar Zip	COMP	GLS	COLL	TL	RT	AOE	ACV	АТ	VTI	USE	111	1 12	3	PH1 F	PH2	YMM
2006 FORD FREES 2004 HYUNDAI ELA		55118 55118	500 500	Yes Yes	500 500	75/225 75/225	None	e None	N/A N/A	N N	V S	P P	07	09 08	11	11	08	FFN HE3
DRIVER INFORMAT NAME SHARON BAUER RICK SCHAEFER		RI		AGE 44 53	F	RATED Rated Rated		MS M M		MATUI	RE D No No	RIVE	R			NT ST No No	UDE	
TIER: 0CW										P	OLIC	Y TE	RM:			6 Mo	nths	
Bodily Injury Property Damage Personal Injury Prot UM/UIM Comprehensive Collision Rental Towing and Labor Additional Equipme	VERAGES		\$98 \$22 \$33 \$4 \$4 \$4 \$4	74.00 91.00 80.00 22.00 89.00 42.00 60.00 55.00 60.00		AUTO #2 \$79.00 \$100.00 \$93.00 \$26.00 \$38.00 \$52.00 \$0.00 \$5.00 \$0.00												
Vehicle Total			\$35	53.00		\$393.00												
PREMIUM GRAND TOTAL Vehicle Subtotal (all vehicles) \$746.00 Grand Total \$747.00 Semi-Annually * Grand Total includes Theft Fee of \$0.50 per vehicle Semi-Annually for all vehicles with COMP coverage.																		
		per venicie	e Semi-A	Innuali	y for all	venicies v		OIVIP coverage) .									
PAID IN FULL:YesAEEFT:NoDIMATURE DRIVER:NoHIREJECT WAGE LOSSNoPFPAY PLAN SURCHARGE:NoAN			ADVAN DISTAI HIGH [PRIOR	RESIDENCY INSURANCE DVANCED QUOTE: DISTANT STUDENT: HIGH DOWNPAY: PRIOR LIMITS: NTI-THEFT:				Yes Yes No No MN No	GO PAPERLESS: STANDARD CARRIER: MULTI-POLICY: YEARS CLEAN: DYNAMITE DEDUCTIBLE FULL PERMISSIVE USEF									
DIRECT BILLING O		\$10.00 se	rvice ch															
Pay Plan 6 Pay (EFT Only) - 16.7% down, 5 @ 16.66% 6 Pay - 20% down, 5 @ 16% 5 Pay - 24% down, 4 @ 19%					Down Payment \$143.95 \$182.60 \$212.44			Number of Installments 5 5 4				Amount per Installment \$150.61 \$155.28 \$177.20						
3 Pay (Day 43) - 40% down, 4 @ 19% 3 Pay (Day 43) - 40% down, 2 @ 30% *Paid-In-Full					\$35	2.44 3.40 7.00			4 2 0	2				\$177.39 \$274.30 \$0.00				

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 on your policy premium if you choose to Pay In Full or choose a pay plan with a high down payment. You can also save if you choose to have your payments withdrawn via EFT (Electronic Funds Transfer).

Note: This policy contains an Advanced Quote Discount. However, your policy effective date must be within 7 to 59 days in advance of the original quote date of 08/23/2021 or the discount will be removed.

Please review the information you have provided for accuracy; incomplete and inaccurate information could affect your rate. This quote reflects premium that has not been verified through any vehicle and driver history reports.