



Reference Number:  
Insured Name:  
Effective Date:  
Producer Name:

Prepared On:  
Rating State:  
Program:  
PRL:

**Total Annual Policy Premium including taxes and fees:**

**Unit One:**  
**Package Description:**  
**Garaging County:**  
**Rated Operator:**

**Garaging Zip:**  
**Rating Class:**

**UNIT COVERAGES**

**LIMIT    DEDUCTIBLE    PREMIUM**

Unit Premium:  
Unit Taxes and Fees:  
**Unit One Total Premium:**

**Premium Summary**

**Policy Premium:**  
**Total Taxes and Fees:**  
**Total Policy Premium:**

IMPORTANT NOTE: This is an estimate of the cost for insurance coverage. You do NOT HAVE INSURANCE COVERAGE until we issue you a binder or Declarations page and policy. Other coverages may be available. This is not a contract. Your insurance contract is contained only in your policy. Various definitions, exclusions and conditions apply to all coverages.

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**NO. OF PAYMENTS**

Premium Due  
Taxes/Fees  
Service Fee  
Amt. Due Now  
Amt. of Each Remaining Payment  
Next Payment Due