

Underwritten by: Bristol West Casualty Insurance Company

		QUOTE WORKSHEET							Rates Effective 03/04/2										
Quote provided for: KARI PEDERSON 6825 GRAND AVE S MINNEAPOLIS, MN 55423-2338 			Quo	Quote Date:				03/15/2021 1:08 PM ET		Producer:		Schmitz,Andrew 1434 YANKEE DOODLE F EAGAN, MN 55121-1801 651-456-8834					D		
COVERAGES																			
Liability Bodily Injury/P Personal Injury Protect UM/UIM Note: Coverage provic	ion	ns are not z	20/0- 100/3)														
VEHICLE INFORMATI	ION																		
VEHICLE		Gar Zip	COMP		COLL	TL	RT	AOE		ACV	ΔΤ	VTI	115		1 12	113	PH1	PH2	YMM
-		•						-		-						-			
2012 TOYOTA CAMR		55423	1000	Yes	1000	None	Non	e None	9	N/A	N	S	P	05	5 14	10	09	15	TC7
DRIVER INFORMATIC	DN														_				
NAME KARI PEDERSON		Insu	EL	AGE 51		ATED Rated			MS S		MATU	NO	RIV	EK	Ľ	951A	NT S [°] . No	-	ENI
TIER: 0DM		11150	lieu	51		Naleu			3			POLIC	<u>- v т</u>	EDM			6 Mc		
	TION										F		<u>, 1 1</u>				0 1010	onths)
	RAGES		דו ו א	O #1															
Bodily Injury	RAGES			78.00															
Property Damage			+	57.00															
Personal Injury Protect	rtion		+	94.00															
UM/UIM			+	41.00															
Comprehensive				98.00															
Collision \$246.																			
Rental																			
Towing and Labor				\$0.00															
Additional Equipment			\$0.00																
Vehicle Total				14.00															
PREMIUM GRAND TO																			
		¢.	444.00																
Vehicle Subtotal (all v	/enicies)	•	1,414.00																
Grand Total \$1,414.50 Se \$1,134.50 If																			
* Grand Total includes	Theft Fee of \$0.50) per vehicle	e Semi-A	Annuall	y for all	vehicles	with C	OMP cove	erage										
RATING/DISCOUNT I									-										
MULTI CAR:		No	RESID	ENCY	INSUR/	ANCE		No		GO	PAPE	RLES	SS:					Yes	3
PAID IN FULL:		No	-	-	QUOTE	-		No						ER:				No	-
EFT:		Yes			UDENT:			No		-	TI-PC	-		-				No	
MATURE DRIVER:		No	HIGH					No		-	RS CI	-							ears
REJECT WAGE LOSS	i	No PRIOR LIMITS:					NO		DYN	IAMIT	E DE	DUC	TIBL	E PR	OGR	AM:	No		
PAY PLAN SURCHAR	GE:	No ANTI-THEFT:				No				FULL PERMISSIVE				USER COVERAGE: Yes					
DIRECT BILLING OPT	IONS: Includes a	a \$8.00 serv	vice cha	rge pe	r instal	ment.													
Pay Plan						Payment		Number of Installments				S		An	nount	per	Instal	Imer	nt
*6 Pay (EFT Only) - 16.7% down, 5 @ 16.66%					\$229.62			5					\$236.58						
6 Pay - 24% down, 5 @ 15.2%					\$32	5					\$216.54								
3 Pay (Day 43) - 40% down, 2 @ 30% Paid-In-Full					\$54	2					\$419.60								
J Fay (Day						34.50					\$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).

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.