

## Underwritten by: Bristol West Casualty Insurance Company

	-	QUOTE WORKSHEET								Rates Effective 03/04/2021							
Quote provided for:	for: LAUREN STAUP 1460 115TH ST NW RICE, MN 56367-9303 		( ( 3 F				ate:	08/17/2021 4:45 PM ET 08/27/2021	Pro			Schmitz,Andrew 1434 YANKEE DOODLE RD EAGAN, MN 55121-1801 651-456-8834					
COVERAGES Liability Bodily Injury	y/Property Damage			500/100	)												
Personal Injury Prot	tection		20/0-														
UM/UIM	ovided only if premium	ns are not a	250/5 250/5	500													
VEHICLE INFORM																	
VEHICLE		Gar Zip	COMP	GLS	COLL	TL	RT	AOE	ACV	АТ	VTI	USE	111	2	13 P	H1 PH2	
2017 FORD FIESTA	ASE	56367	500	Yes	500	75/225	Non	-	N/A	N	S	P			13 (		
DRIVER INFORMA		50507	500	103	500	15/225	NON		IN/A				00	14	10 (	24	110
NAME		R	EL	AGE	F	ATED		MS		MATU	RE D	RIVE	R	DIS	STAN	T STUD	ENT
LAUREN STAUP		Ins	ured	18		Rated		S			No					No	
TIER: 0BA										F	OLIC	Y TE	RM:		6	6 Month	s
PREMIUM INFORM																	
	OVERAGES		-	O #1													
Bodily Injury				36.00													
			51.00														
Personal Injury Protection \$10 UM/UIM \$4																	
		42.00 34.00															
Rental			\$0.00														
				\$0.00 \$5.00													
Towing and Labor																	
Additional Equipme	ent			\$0.00													
Vehicle Total \$1,337			37.00														
PREMIUM GRAND	TOTAL																
Vehicle Subtotal (all vehicles) \$1,337.00			)														
Grand Total \$1,337.50 Se			Semi-	Annual	ly												
* Grand Total includ	les Theft Fee of \$0.50	) per vehicl	e Semi-A	Annually	v for all	vehicles v	vith C	OMP coverage	<b>)</b>								
RATING/DISCOUN		,			,												
MULTI CAR:		No	RESID	ENCY	INSUR/	ANCE		Yes	GO	PAPEI	RLES	S:				Ye	s
PAID IN FULL:		Yes	ADVANCED QUOTE:					No	STANDARD CAR								
EFT:		Yes	DISTANT STUDENT:					No		TI-PO						Ye	
MATURE DRIVER:		No					No		RS CL						No		
REJECT WAGE LO		No PRIOR LIM						HI		JAMITI			IBLE	PRO	GRA		
PAY PLAN SURCH		No ANTI-THEFT:					No								GE: Ye		
		¢0.00	vice che	rao no	r instal												
DIRECT BILLING C		<u>\$8.00 ser</u>	vice cha					Number of Installments				Amount per Installment					
	Pay Plan				Down F	Payment		Number of	Instal	Iments	\$		Amo				nt
6 Pay (EFT	Pay Plan Only) - 16.7% down,	5 @ 16.66			Down F \$25	8.18		Number of	5	Iments	\$		Amo	\$2	265.0	6	nt
6 Pay (EFT 6 Pa	<b>Pay Plan</b> Only) - 16.7% down, ay - 24% down, 5 @ 1	5 @ 16.66 5.2%			Down F \$25 \$37	8.18 0.82		Number of	5 5	Iments	5		Amo	\$2 \$2	265.0 242.5	6 4	nt
6 Pay (EFT 6 Pa	Pay Plan Only) - 16.7% down,	5 @ 16.66 5.2%			Down F \$25 \$37 \$61	8.18		Number of	5	Iments	3		Amo	\$2 \$2 \$2	265.0	6 4 0	nt

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.