

Underwritten by: Bristol West Casualty Insurance Company

-	QUC	QUOTE WORKSHEET						Rates Effective 12/0						9/2021				
	uote provided for: NICOLE HILLS 17701 KENYON AVE LAKEVILLE, MN 55044-9341 				te Date: te Time osed E	:		12/16/2021 2:16 PM E 12/30/2021	14 E/			chmitz,Andrew 434 YANKEE DOODLE RD AGAN, MN 55121-1801 51-456-8834						
COVERAGES				/														
Liability Bodily Injury Personal Injury Prot UM/UIM			100/3 20/0- 100/3)													
Note: Coverage pro	ovided only if premium	ns are not z	ero															
VEHICLE INFORM	ATION																	
VEHICLE		Gar Zip	COMP	GLS	COLL	TL	RT	AOE	A	CV A	ΑΤ ν	ידו נ	USE	LI1	LI2 L	_13 F	PH1 PH	12 YMN
2019 MITSUBISHI N	MIRAGE G4 ES	55044	500	Yes	500	75/225	None	e None	١	N/A	N :	s	Р	03	06 ⁻	10	06 20	NA1
DRIVER INFORMA																		
NAME		RI	AGE	-							DRIVER DISTANT S					DENT		
NICOLE HILLS		Insu	35					M							No			
JESSE HILLS		Spo	ouse	36		Rated			М								No	
TIER: 0CW											PO	LIC	Y TE	RM:			6 Mont	ns
	VERAGES			O #1														
Bodily Injury	WERAGES		-	93.00														
Property Damage	\$119.00																	
			00.00															
UM/UIM			\$6	67.00														
Comprehensive			\$217.00															
Collision		\$284.00																
Rental				\$0.00														
Towing and Labor			\$5.00															
Additional Equipment			9	\$0.00														
Vehicle Total			\$985.00															
PREMIUM GRAND	ΤΟΤΑΙ		ψυί	55.00														
	-	¢	005 00															
Vehicle Subtotal (all vehicles) \$985.00 Grand Total \$985.50 Sen				: A														
Grand Total \$985.50 Sen \$799.50 If P																		
*					·			0.45										
	es Theft Fee of \$0.50	per venicle	e Semi-A	Annuall	y for all	venicies v	with C	UNIP cover	age.									
RATING/DISCOUN	I INFORMATION:	Nia						V.			יבים	F 0 0	. .					
MULTI CAR:		No			INSUR			Yes		GO PAF				п.				es
PAID IN FULL:		No		ED QUOTE:			Yes		STANDARD C MULTI-POLIC								es	
EFT:					T STUDENT:			No									-	es
MATURE DRIVER:	<u> </u>	No HIGH DC No PRIOR L		-	OWNPAY:			No		YEARS				יוחי ר		~~	-	Years
REJECT WAGE LO	Y PLAN SURCHARGE: No ANTI-TH							MN No		DYNAMITE DEDUCTIBLE PROGRAM: No FULL PERMISSIVE USER COVERAGE: Yes								
						Iment		NO									.0 1	
DIRECT BILLING OPTIONS: Includes a \$8.00 service charg Pay Plan					Down Payment			Numbe	stallme	nts			Amc	ount n	unt per Installment			
*6 Pay (EFT Only) - 16.7% down, 5 @ 16.66%					\$165.00			Number of Installments 5					\$172.10					
6 Pay - 24% down, 5 @ 15.2%					\$236.90			5					\$157.72					
3 Pay (Day 43) - 40% down, 2 @ 30%						2.90		2					\$294.80					
Paid-In-Full					\$799.50				0				\$0.00					
					.				-	<i>,</i>				ψ0.00				

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 12/16/2021 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.