

Inderwritten by: Bristol W	est Casualty Ir	nsurance	Compan	ζυc	DTE V	WORK	SHE	EET			Ra	ates Et	fectiv	/e 06/2	23/2	022		
Quote provided for: ALIM 5106 MINN 612-2	ALIMATU KABIA 5106 HIAWATHA AVE MINNEAPOLIS, MN 55417-1643 612-206-1355			Quote Date: Quote Time: Proposed Effective Date				08/16/2022 Pro 3:09 PM ET		Produce	1434 YANK			EE DOODLE RD N 55121-1801				
COVERAGES Liability Bodily Injury/Prope Personal Injury Protection UM/UIM	erty Damage		100/3 20/0-2 100/3		)													
Note: Coverage provided	only if premiums	s are not z		00														
VEHICLE INFORMATION																		
VEHICLE		Gar Zip	COMP	GLS	COLL	TL	RT	AOE	A	CV AT	· VTI	USE	LI1	LI2 L	.13	PH1	PH2	YMN
2006 NISSAN SENTRA 1. 2009 TOYOTA SCION XD	3 1.8S	55417 55417	None 500	No Yes	None 500	None 75/225	None None			/AN /AN	S	P P	07	10 0	)8	05 05	15 13	NS4 TX2
DRIVER INFORMATION		00417	500	103	500	10/220	TNOTIC		11			•	02	10 0		00	10	1772
NAME ALIMATU KABIA		Ins	EL	AGE 41		RATED Rated			MS S	ΜΑΤΙ	No		R	DIS	TAI	NT S <sup>-</sup> No	TUDE	ENT
YEALINATOU KAMARA TIER: 0DI		C	hild	21		Rated			S		No	СҮ ТЕ	DM.			No 6 Mo	w the	
TIER: 0DI PREMIUM INFORMATIO	N										POLI					6 IVIC	nins	
COVERA Bodily Injury			AUT \$16	C #1 7.00		AUTO #2 \$119.00												
Property Damage				7.00		\$162.00												
Personal Injury Protection			+ -	1.00		\$104.00												
UM/UIM			+ -	0.00		\$38.00												
Comprehensive				0.00		\$65.00												
Collision			\$	0.00		\$167.00												
Rental			\$	0.00		\$0.00												
Towing and Labor			\$	0.00		\$5.00												
Additional Equipment			\$	0.00		\$0.00												
Vehicle Total			\$61	5.00		\$660.00												
PREMIUM GRAND TOTA	-																	
Vehicle Subtotal (all vehi	cles)	\$1	1,275.00															
Grand Total	il \$1,275.50 S \$1,093.50 If																	
RATING/DISCOUNT INFO	RMATION:																	
MULTI CAR:		Yes	RESIDE	ENCY	INSUR	ANCE		Yes	C		RLES	SS:					Yes	
PAID IN FULL:		No ADVANC			ED QUOTE:			Yes	S	TANDA	RD C/	ARRIE	R:				Yes	
EFT:		Yes DISTANT STUD			JDENT			No	Ν	/ULTI-PO	DLICY	<b>/</b> :					Yes	
MATURE DRIVER:		No HIGH DOWNPAY:					No	Y	'EARS C	LEAN	۷:					5 Ye	ears	
REJECT WAGE LOSS		No	PRIOR	LIMIT	S:			MN	Ľ	OYNAMIT	E DE	DUC	TIBLE	PRO	GR/	AM:	No	
PAY PLAN SURCHARGE: No ANTI-TH				HEFT:	EFT:			No	F	FULL PERMISSIVE USER COVERAGE: Yes						Yes		
DIRECT BILLING OPTION		\$8.00 ser\	/ice chai															
Pay Plan				Down Payment				Number	stallments			Amount per Installment				t		
*6 Pay (EFT Only) - 16.7% down, 5 @ 16.66%				_	\$213.43			5			\$220.42							
6 Pay - 24% down, 5 @ 15.2% 3 Pay (Day 43) - 40% down, 2 @ 30%				_	\$306.50			5			\$201.80							
		@ 30%		_	\$510.50			2				\$390.50						
P	aid-In-Full		A	- 1		93.50		ted pay plai	0					4	60.0	U		

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 07/29/2022 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.