



PREMIER GROUP INS INC
600 17TH ST STE 1425 N
DENVER, CO 80202
Phone: 1.720.457.1101 | Fax: (866) 948-8485

Name and Mailing Address
CYDNI HOFFMAN
315 LAND GRANT DR
RICHMOND, TX 77406-2140

The quote below is based on information you provided to us for a **12-month policy**, effective 07/30/20 to 07/30/21.

YOUR HOME QUOTE



\$2,033.00 estimated for
12 months

with an estimated down payment amount of \$169.35

Residence Premises

315 Land Grant Dr
Richmond, TX 77406-2140

Coverages

Coverage	Limit
Coverage A – Dwelling	\$180,000
Coverage B – Other Structures	\$20,000
Coverage C – Personal Property	\$130,000
Coverage D – Loss of Use	\$100,000
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$300,000
Coverage F – Medical Payments to Others (each person)	\$2,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Other Perils) 1% of Coverage A - Dwelling Limit	\$1,800
Windstorm or Hail Deductible 2% of Coverage A - Dwelling Limit	\$3,600

Coverage Level

Your coverage level is Travelers Protect PLUS[®]. If you have any questions, please contact your agent at 1.720.457.1101.

Optional Coverages

	Endorsement	Limit	Premium
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-18)	\$5,000	Included*
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (05-17)		Included*
Windstorm or Hail Percentage Deductible	HQ-312 CW (05-17)		Included*
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	\$45,000	Included*

*Note: The additional cost for any optional coverage or endorsement shown as "Included" is contained in the Estimated Home Premium.

Estimated Home Premium
\$2,033.00
Discounts

The following discounts reduced your premium:

Multi-Policy	Early Quote	Loss Free
Good Payer	Fire Protective Device	Theft Protective Device

Savings Reflected in Your Total Premium:
\$1,061.00
Information Used to Determine Your Premium

There are many factors that determine the premium on your quote, some of which are displayed below.

# of Families: 1 Family	Year Built: 1980	Construction Type: Frame
# of Stories: 1	Square Footage: 1590	Siding Type: Brick/Masonry Veneer
# of Bathrooms: 2	Age of Roof: 5	Roof Material Type: Architectural Shingle
Garage - Number of Cars: 2	Garage Type: Attached	Foundation Type: Slab
# of Employees: 00		Finished Basement: 00



Estimated Monthly Billing Options

The following installment options are available for your Travelers policy. The actual monthly installment amount will be reflected on your first billing statement. Electronic Funds Transfer (EFT) and Recurring Credit Card (RCC) require enrollment in our automatic payment plans. Pay in Full billing options are also available.

	EFT	RCC	Bill by Mail/Email
Monthly Installment Premium	\$169.42	\$169.42	\$169.42
Monthly Service Charge	\$2.00	\$2.00	\$5.00
Total Monthly Amount	\$171.42	\$171.42	\$174.42

Insurance is underwritten by TRAVELERS PERSONAL INSURANCE COMPANY, a subsidiary or affiliate of The Travelers Indemnity Company, One Tower Square, Hartford, CT 06183.

This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable, as of 07/17/2020 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process. Coverage, discounts and other features are subject to state availability and individual eligibility.

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Dear Cydni Hoffman,

Based on the information you provided to us for a **12 month** policy effective 07/30/2020 to 07/30/2021, your estimated total premium is

Mailing Address
 315 LAND GRANT DR
 RICHMOND, TX 77406-2140

\$2,143.00

with an estimated down payment amount of **\$178.51**

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Coverages

Coverages	Limits or Deductibles	2020 TOYOT RAV4 LE
Liability	100,000/300,000	\$527.00
Property Damage	100,000	\$280.00
Personal Injury Protection	2,500	\$100.00
Uninsd/Underinsd Motorists	100,000/300,000	\$150.00
Uninsd/Underinsd Motorists PD	100,000	\$92.00
Comprehensive	500	\$233.00
Collision	500	\$717.00
Rental	50/1,500	\$30.00
Roadside Assistance Coverage	15	\$10.00
TOTAL PER VEHICLE		\$2,139.00

Discounts & Advantages

New Car	Early Quote	Continuous Ins
EFT	Good Payer	Multi-Policy
Safe Driver		
Your Total Savings Reflected in Your Total Premium:		\$1717.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Cydni	01/07/1985	Single	Licensed			N	N

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2020 TOYOT RAV4 LE 2T3H1RFV4LW072617	Commute	Y	Y	Y	\$2,139.00

Taxes and Fees

Name	Term	Amount
Texas Anti-Theft Fee		\$4.00
Total:		\$4.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
Cydni	Accident	\$778.00	05/11/2017