PREMIER GROUP INS INC 600 17TH ST STE 1425 N DENVER, CO 80202 Phone: 720-457-1101 | Fax: 866-948-8485



Dear Jeffery Sherrod,

Mailing Address 26107 TRAVIS BROOK DR RICHMOND, TX 77406-3990

Based on the information you provided to us for a **12 month** policy effective 08/01/2020 to 08/01/2021, your estimated total premium is



#### with an estimated down payment amount of \$166.77

\*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 and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

		Coverage	S	
Coverages	Limits or Deductibles	2018 FORD F-150 SUPE	2016 FORD EXPLORER S	
Liability	100,000/300,000	\$264.00	\$271.00	
Property Damage	100,000	\$137.00	\$117.00	
Personal Injury Protection	2,500	\$30.00	\$30.00	
Uninsd/Underinsd Motorists	100,000/300,000	\$97.00	\$88.00	
Uninsd/Underinsd Motorists PD	100,000	\$58.00	\$53.00	
Comprehensive	500   500	\$135.00	\$110.00	
Collision	500   500	\$250.00	\$280.00	
Rental	40/1,200   40/1,200	\$27.00	\$27.00	
Roadside Assistance Coverage	15   15	\$10.00	\$10.00	
TOTAL PER VEHICLE		\$1,008.00	\$986.00	
	Discou	ints & Adva	antages	
New Car	Early Quote		Continuous Ins	
EFT	Good Payer		Multi-Car	
Multi-Policy	Safe Driver			
Your Total Savings Reflected in	Your Total Premium:	\$1760.00		



## **Driver Quote Details**

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Jeffery	06/23/1964	Married	Licensed				
Roxan	02/14/1959	Married	Licensed				
Robert	10/11/1989		Excluded				

Vehicle Quote Details					
Vehicle & VIN	Use	Anti- Theft	Anti- Lock	Passive Restraint	Vehicle Premium
2018 FORD F-150 SUPE 1FTEW1E55JKD17017	Pleasure	Y	Y	Y	\$1,008.00
2016 FORD EXPLORER S 1FM5K8GTXGGC12125	Pleasure	Y	Y	Y	\$986.00

Taxes an	d Fees
Name	Term Amount
Texas Anti-Theft Fee	\$8.00
Total:	\$8.00

# Accidents, Violations, and Losses

Driver	Description	Amount	Date
Jeffery	Accident-not at fault		04/29/2016
	OTHER COMP		08/25/2017
	OTHER COMP	\$509.00	03/15/2017



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 JEFFERY SHERROD ROXAN POLLAK 26107 TRAVIS BROOK DR RICHMOND, TX 77406-3990

The quote below is based on information you provided to us for a **12-month policy**, effective 08/01/20 to 08/01/21.

	YOUR HOME QUOTE			
御	\$1,349.00	estimated for 12 months		
with an estimated down payment amount of \$112.37				

**Residence Premises** 

26107 Travis Brook Dr Richmond, TX 77406-3990

Coverages
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Coverage	Limit
Coverage A – Dwelling	\$200,000
Coverage B – Other Structures	\$20,000
Coverage C – Personal Property	\$120,000
Coverage D – Loss of Use	\$40,000
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 O	ther Perils) 1% of Coverage A - Dwelling Limit	\$2,000
Windstorm or Hail Deductible	2% of Coverage A - Dwelling Limit	\$4,000

### **Coverage Level**

Your coverage level is Travelers Protect Premier<sup>®</sup>. If you have any questions, please contact your agent at 1.720.457.1101.



Optional Packages				
		Endorsement	Limit	Premium
Enhanced Water Package				Included*
Water Back Up and Sump Dischar	rge or Overflow Coverage	HQ-208 CW (08-18)	\$10,000	
Limited Hidden Water or Steam Se Coverage	eepage or Leakage	HQ-209 CW (08-18)	\$10,000	
Optional Coverages				
		Endorsement	Limit	Premium
Personal Property Replacement	Cost Loss Settlement	HQ-290 CW (05-17)		Included*
Windstorm or Hail Percentage D	eductible	HQ-312 CW (05-17)		Included*
Additional Replacement Cost Pr 25% of Coverage A - Dwelling		HQ-420 CW (11-18)	\$50,000	Included*
Foundation Coverage		HQ-468 TX (05-17)		Included*
*Note: The additional cost for any op Estimated Home Premium.	tional coverage or endors	ement shown as "Inclue	ded" is conta	ained in the
Estimated Home Premium				\$1,349.00
Discounts				
The following discounts reduced you	r premium:			
Multi-Policy	Early Quote	Loss Free		
Good Payer	Fire Protective Device			
Savings Reflected in Your To	tal Premium:			\$630.00

### Savings Reflected in Your Total Premium:



#### 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: 2006	Construction Type: Frame
# of Stories: 1	Square Footage: 1778	Siding Type: Brick/Masonry Veneer
# of Bathrooms: 2	Age of Roof: 1	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	\$112.42	\$112.42	\$112.42
Monthly Service Charge	\$2.00	\$2.00	\$5.00
Total Monthly Amount	\$114.42	\$114.42	\$117.42

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

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