

Dear Pedro Mendoza,

Based on the information you provided to us for a **12 month** policy effective 08/30/2020 to 08/30/2021, your estimated total premium is

Mailing Address
3805 CONNORS DR
WESLACO, TX 78599-3478

\$3,086.00

with an estimated down payment amount of **\$257.06**

*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 08/06/2020 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.

Coverages

| Coverages | Limits or Deductibles | 2013 CHEVR TAHOE LT | 2013 FORD MUSTANG | 2000 FORD MUSTANG |
|-------------------------------|-----------------------|------------------------|----------------------|----------------------|
| Liability | 50,000/100,000 | \$195.00 | \$237.00 | \$212.00 |
| Property Damage | 100,000 | \$188.00 | \$232.00 | \$198.00 |
| Personal Injury Protection | 2,500 | \$33.00 | \$55.00 | \$50.00 |
| Uninsd/Underinsd Motorists | 50,000/100,000 | \$52.00 | \$85.00 | \$75.00 |
| Uninsd/Underinsd Motorists PD | 100,000 | \$53.00 | \$87.00 | \$77.00 |
| Comprehensive | 1,000 1,000 - | \$213.00 | \$289.00 | |
| Collision | 1,000 1,000 - | \$208.00 | \$465.00 | |
| Rental | 30/900 30/900 - | \$20.00 | \$20.00 | |
| Roadside Assistance Coverage | 15 15 15 | \$10.00 | \$10.00 | \$10.00 |
| TOTAL PER VEHICLE | | \$972.00 | \$1,480.00 | \$622.00 |

Discounts & Advantages

| | | |
|--|------------------|----------------|
| Away At Sch | Early Quote | Continuous Ins |
| EFT | Good Payer | Multi-Car |
| Multi-Policy | Safe Driver | |
| Your Total Savings Reflected in Your Total Premium: | \$2932.00 | |

Driver Quote Details

| Driver Name | DOB | Marital Status | Driver Type | Defensive Driver | Driver Training | Good Student | Away at School |
|-------------|------------|----------------|-------------|------------------|-----------------|--------------|----------------|
| Pedro | 03/06/1974 | Married | Licensed | | | | |
| Marilu | 10/02/1983 | Married | Licensed | | | | |
| JENNIFER | 12/20/1996 | | Excluded | | | | |
| JOHN | 12/26/1995 | Single | Licensed | | | N | Y |
| PEDRO | 05/04/1994 | | Excluded | | | | |

Vehicle Quote Details

| Vehicle & VIN | Use | Anti-Theft | Anti-Lock | Passive Restraint | Vehicle Premium |
|--|---------|------------|-----------|-------------------|-----------------|
| 2013 CHEVR TAHOE LT 1GNSCBE03DR207902 | Commute | Y | Y | Y | \$972.00 |
| 2013 FORD MUSTANG 1ZVBP8AM1D5282241 | Commute | Y | Y | Y | \$1,480.00 |
| 2000 FORD MUSTANG 1FAFP4042YF109655 | Commute | Y | Y | Y | \$622.00 |

Taxes and Fees


| Name | Term Amount |
|----------------------|----------------|
| Texas Anti-Theft Fee | \$12.00 |
| Total: | \$12.00 |



Cydni Hoffman
WCT INSURANCE
315 LAND GRANT DR
RICHMOND, TX 77406
Phone: 1.832.299.2324 | Fax: (832) 400-3346

Name and Mailing Address
PEDRO MENDOZA
MARILU MENDOZA
3805 CONNORS DR
WESLACO, TX 78599-3478

The quote below is based on information you provided to us for a **12-month policy**, effective 08/30/20 to 08/30/21.

| | |
|--|--|
| <p>YOUR HOME QUOTE</p>  <p>\$1,224.00 <small>estimated for 12 months</small></p> <hr/> <p>with an estimated down payment amount of \$101.96</p> | <p>Residence Premises</p> <p>3805 Connors Dr Weslaco, TX 78599-3478</p> |
|--|--|

Coverages

| Coverage | Limit |
|---|-----------|
| Coverage A – Dwelling | \$150,000 |
| Coverage B – Other Structures | \$15,000 |
| Coverage C – Personal Property | \$75,000 |
| Coverage D – Loss of Use | \$30,000 |
| Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence) | \$100,000 |
| 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 | \$1,500 |
| Windstorm or Hail Deductible 2% of Coverage A - Dwelling Limit | \$3,000 |

Coverage Level

Your coverage level is Travelers Protect PLUS[®]. If you have any questions, please contact your agent at 1.832.299.2324.

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) | \$37,500 | Included* |
| Identity Fraud Expense Reimbursement Coverage | HQ-455 CW (05-18) | \$25,000 | \$25.00 |
| Foundation Coverage | HQ-468 TX (05-17) | | Included* |

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

Estimated Home Premium
\$1,224.00
Discounts

The following discounts reduced your premium:

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

Savings Reflected in Your Total Premium:
\$610.00
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: 2000 | Construction Type: Frame |
| # of Stories: 1 | Square Footage: 1261 | Siding Type: Brick/Masonry Veneer |
| # of Bathrooms: 2 | Age of Roof: 5 | Roof Material Type: Architectural Shingle |
| Garage - Number of Cars: 1 | Garage Type: Attached | Foundation Type: Slab |



Information Used to Determine Your Premium (continued)

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 | \$102.00 | \$102.00 | \$102.00 |
| Monthly Service Charge | \$2.00 | \$2.00 | \$5.00 |
| Total Monthly Amount | \$104.00 | \$104.00 | \$107.00 |

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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