




CRIBB INSURANCE GRP INC
1601 SW REGIONAL AIRPORT BLVD
BENTONVILLE, AR 72713
Phone: 1.479.286.1066 | Fax: (479) 286-1069

Name and Mailing Address
TERRI BROWN
GLENN BROWN
1808 FOX PT
HORSESHOE BEND, AR 72512-4100

The quote below is based on information you provided to us for a **12-month policy**, effective 07/01/20 to 07/01/21.

YOUR HOME QUOTE

 **\$2,134.00** estimated for
12 months

with an estimated down payment amount of \$177.76

Residence Premises

1808 Fox Pt
Horseshoe Bend, AR 72512-4100

Coverages

Coverage	Limit
Coverage A – Dwelling	\$450,000
Coverage B – Other Structures	\$45,000
Coverage C – Personal Property	\$225,000
Coverage D – Loss of Use	\$90,000
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$300,000
Coverage F – Medical Payments to Others (each person)	\$5,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	\$1,000

Coverage Level

Your coverage level is Travelers Protect[®]. If you have any questions, please contact your agent at 1.479.286.1066.

Optional Packages

	Endorsement	Limit	Premium
Enhanced Water Package			Included*
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-18)	\$10,000	
Limited Hidden Water or Steam Seepage or Leakage Coverage	HQ-209 CW (08-18)	\$10,000	
Additional Coverage Package			Included*
Special Personal Property Coverage	HQ-015 CW (05-17)		
Personal Injury Coverage	HQ-082 CW (02-19)		
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (05-17)		
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	\$112,500	
Refrigerated Property Coverage	HQ-498 CW (05-17)	\$500	
Loss Assessment	Increased Limit	\$10,000	

Optional Coverages

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

Estimated Home Premium	\$2,134.00
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Discounts

The following discounts reduced your premium:

Multi-Policy	Early Quote	Good Payer
Fire Protective Device		

Savings Reflected in Your Total Premium:	\$867.00
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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: 2008	Construction Type: Masonry
# of Stories: 2	Square Footage: 2863	Siding Type: Solid Brick/Stone
# of Bathrooms: 3	Age of Roof: 12	Roof Material Type: Architectural Shingle
Garage - Number of Cars: 1	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	\$177.84	\$177.84	\$177.84
Monthly Service Charge	\$2.00	\$2.00	\$5.00
Total Monthly Amount	\$179.84	\$179.84	\$182.84

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 06/03/2020 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.

Dear Terri Brown,

Based on the information you provided to us for a **12 month** policy effective 07/01/2020 to 07/01/2021, your estimated pay-in-full premium is

Mailing Address

1808 FOX PT
 HORSESHOE BEND, AR 72512-4100

\$1,404.00

Or if you pay using our monthly installment plan your estimated total premium is **\$1,473.00** with an estimated down payment amount of **\$122.70**

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Coverages

Coverages	Limits or Deductibles	2016 HONDA CR-V EX AW	2014 HONDA RIDGELINE	1993 GMC SIERRA 150
Liability	100,000/300,000	\$145.00	\$170.00	\$208.00
Property Damage	100,000	\$45.00	\$58.00	\$68.00
Work Loss	140	\$2.00	\$2.00	\$2.00
Accidental Death Benefit	5,000	\$1.00	\$1.00	\$1.00
Medical Expense	5,000	\$10.00	\$7.00	\$7.00
Uninsured Motorists	100,000/300,000	\$17.00	\$12.00	\$15.00
Uninsured Motorists PD	100,000	\$7.00	\$5.00	\$7.00
Underinsured Motorists	100,000/300,000	\$28.00	\$20.00	\$25.00
Comprehensive	500 500 500	\$83.00	\$104.00	\$35.00
Collision	500 500 -	\$136.00	\$109.00	
Rental	40/1,200 40/1,200 -	\$27.00	\$27.00	
Roadside Assistance Coverage	15 15 -	\$10.00	\$10.00	
TOTAL PER VEHICLE		\$511.00	\$525.00	\$368.00

Discounts & Advantages

Early Quote	Continuous Ins	EFT
Good Payer	Paid in Full	Multi-Car
Multi-Policy	Safe Driver	

Your Total Savings Reflected in Your Total Premium: \$1056.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
TERRI	05/18/1952	Married	Licensed				
Glenn	02/11/1951	Married	Licensed				

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2016 HONDA CR-V EX AW 2HKRM4H7XGH607606	Commute	N	Y	Y	\$511.00
2014 HONDA RIDGELINE 5FPYK1F57EB009204	Commute	N	Y	Y	\$525.00
1993 GMC SIERRA 150 1GTEK14K8PZ513682	Pleasure	N		N	\$368.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
TERRI	Accident	\$1,698.00	08/01/2016
Glenn	Accident-not at fault		09/02/2017