


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
 DAVID HARVEY
 DIANA HARVEY
 4104 SW BANBURY DR
 BENTONVILLE, AR 72713-7907

The quote below is based on information you provided to us for a **12-month policy**, effective 02/01/21 to 02/01/22.

<p>YOUR HOME QUOTE</p>  <p>\$1,553.00 <small>estimated for 12 months</small></p> <hr/> <p>with an estimated down payment amount of \$129.36</p>	<p>Residence Premises</p> <p>4104 Sw Banbury Dr Bentonville, AR 72713-7907</p>
--	--

Coverages

Coverage	Limit
Coverage A – Dwelling	\$280,000
Coverage B – Other Structures	\$28,000
Coverage C – Personal Property	\$140,000
Coverage D – Loss of Use	\$56,000
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$300,000
Coverage F – Medical Payments to Others (each person)	\$1,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	\$2,500



Optional Coverages

	Endorsement	Limit	Premium
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (05-17)		Included*
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	\$70,000	Included*

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

Estimated Home Premium

\$1,553.00

Discounts

The following discounts reduced your premium:

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

Savings Reflected in Your Total Premium:

\$737.00

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: 2006	Construction Type: Frame
# of Stories: 1	Square Footage: 2231	Siding Type: Brick/Masonry Veneer
# of Bathrooms: 2	Age of Roof: 10	Roof Material Type: Asphalt-Fiberglass
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 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	\$129.42	\$129.42	\$129.42
Monthly Service Charge	\$2.00	\$2.00	\$5.00
Total Monthly Amount	\$131.42	\$131.42	\$134.42

This document should only be used for discussion purposes with your agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable, as of 01/20/2021 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 David Harvey,

Based on the information you provided to us for a **12 month** policy effective 02/01/2021 to 02/01/2022, your estimated total premium is

Mailing Address

4104 SW BANBURY DR
 BENTONVILLE, AR 72713-7907

\$2,418.00

with an estimated down payment amount of **\$201.42**

*This document should only be used for discussion purposes with your agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable as of 01/20/2021 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	2001 DODGE DAKOTA BAS	2019 FORD FLEX SEL
Liability	50,000/100,000	\$444.00	\$361.00
Property Damage	50,000	\$323.00	\$182.00
Work Loss	140	\$5.00	\$7.00
Medical Expense	5,000	\$46.00	\$55.00
Uninsured Motorists	50,000/100,000	\$18.00	\$25.00
Uninsured Motorists PD	50,000	\$7.00	\$8.00
Underinsured Motorists	50,000/100,000	\$28.00	\$38.00
Comprehensive	500 500	\$48.00	\$121.00
Collision	500 500	\$156.00	\$486.00
Rental	30/900 30/900	\$20.00	\$20.00
Roadside Assistance Coverage	15 15	\$10.00	\$10.00
TOTAL PER VEHICLE		\$1,105.00	\$1,313.00

Discounts & Advantages

New Car	IntelliDrive® Enroll	Early Quote
Continuous Ins	EFT	Good Payer
Multi-Car	Multi-Policy	
Your Total Savings Reflected in Your Total Premium:	\$1749.00	

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
DAVID	09/29/1950	Married	Out of State License				
DIANA	08/20/1952	Married	Out of State License				

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2001 DODGE DAKOTA BAS 1B7HL2AX81S288924	Commute	N	Y	Y	\$1,105.00
2019 FORD FLEX SEL 2FMGK5C83KBA21185	Commute	N	Y	Y	\$1,313.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
DAVID	Accident	\$11,546.00	08/12/2020
DAVID	Accident	\$428.00	05/27/2019
	Tow		04/12/2019
	Tow	\$72.00	04/12/2019