

Dear Christine Mazili,

Based on the information you provided to us for a **12 month** policy effective 02/03/2021 to 02/03/2022, your estimated pay-in-full premium is

\$740.00

Or if you pay using our monthly installment plan your estimated total premium is **\$778.00** with an estimated down payment amount of **\$64.81**

Mailing Address

10 CHARING DR
 BELLA VISTA, AR 72714-6325

*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 01/26/2021 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	2014 BMW X1 XDRIVE
Liability	100,000/300,000	\$291.00
Property Damage	100,000	\$90.00
Work Loss	140	\$2.00
Accidental Death Benefit	5,000	\$2.00
Medical Expense	5,000	\$18.00
Uninsured Motorists	100,000/300,000	\$20.00
Uninsured Motorists PD	100,000	\$7.00
Underinsured Motorists	100,000/300,000	\$33.00
Comprehensive	500	\$73.00
Collision	500	\$167.00
Rental	40/1,200	\$27.00
Roadside Assistance Coverage	15	\$10.00
TOTAL PER VEHICLE		\$740.00

Discounts & Advantages

Early Quote	Continuous Ins	EFT
Good Payer	Paid in Full	Multi-Policy
Safe Driver		
Your Total Savings Reflected in Your Total Premium:		\$568.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
CHRISTINE	02/22/1957	Single	Licensed			N	N

Vehicle Quote Details


Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2014 BMW X1 XDRIVE WBAVL1C50EVY24064	Pleasure	N	Y	Y	\$740.00



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
CHRISTINE MAZILI
10 CHARING DR
BELLA VISTA, AR 72714-6325

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>\$1,039.00 <small>estimated for 12 months</small></p> <hr/> <p>with an estimated down payment amount of \$86.55</p>	<p>Residence Premises</p> <p>10 Charing Dr Bella Vista, AR 72714-6325</p>
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Coverages

Coverage	Limit
Coverage A – Dwelling	\$186,000
Coverage B – Other Structures	\$18,600
Coverage C – Personal Property	\$93,000
Coverage D – Loss of Use	\$37,200
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$100,000
Coverage F – Medical Payments to Others (each person)	\$1,000

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)	\$5,000	
Limited Hidden Water or Steam Seepage or Leakage Coverage	HQ-209 CW (08-18)	\$5,000	
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)	\$46,500	
Refrigerated Property Coverage	HQ-498 CW (05-17)	\$500	
Loss Assessment	Increased Limit	\$5,000	

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

Estimated Home Premium **\$1,039.00**

Discounts

The following discounts reduced your premium:

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

Savings Reflected in Your Total Premium: **\$455.00**

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: 2007	Construction Type: Frame
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Information Used to Determine Your Premium (continued)

# of Stories: 1	Square Footage: 1538	Siding Type: Brick/Masonry Veneer
# of Bathrooms: 2	Age of Roof: 2	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	\$86.59	\$86.59	\$86.59
Monthly Service Charge	\$2.00	\$2.00	\$5.00
Total Monthly Amount	\$88.59	\$88.59	\$91.59

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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