


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
 CHERI HAYES
 RICHARD HAYES
 10781 ILLINOIS CHAPEL RD
 PRAIRIE GROVE, AR 72753-9171

The quote below is based on information you provided to us for a **12-month policy**, effective 02/15/21 to 02/15/22.

<p>YOUR HOME QUOTE</p>  <p>\$1,155.00 <small>estimated for 12 months</small></p> <hr/> <p>with an estimated down payment amount of \$96.21</p>	<p>Residence Premises</p> <p>10781 Illinois Chapel Rd Prairie Grove, AR 72753-9171</p>
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Coverages

Coverage	Limit
Coverage A – Dwelling	\$350,000
Coverage B – Other Structures	\$35,000
Coverage C – Personal Property	\$175,000
Coverage D – Loss of Use	\$70,000
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 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	

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)	\$87,500	Included*
Fire Department Clause (Subscription Contract Services)	HQ-485 AR (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 **\$1,155.00**

Discounts

The following discounts reduced your premium:

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

Savings Reflected in Your Total Premium: **\$595.00**

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: 2017	Construction Type: Frame
# of Stories: 1	Square Footage: 2560	Siding Type: Brick/Masonry Veneer
# of Bathrooms: 2	Age of Roof: 4	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	\$96.25	\$96.25	\$96.25
Monthly Service Charge	\$2.00	\$2.00	\$5.00
Total Monthly Amount	\$98.25	\$98.25	\$101.25

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 01/25/2021 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 Cheri Hayes,

Based on the information you provided to us for a **12 month** policy effective 02/15/2021 to 02/15/2022, your estimated total premium is

Mailing Address

10781 ILLINOIS CHAPEL RD
 PRAIRIE GROVE, AR 72753-9171

\$1,231.00

with an estimated down payment amount of **\$102.54**

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Coverages

Coverages	Limits or Deductibles	2016 CHEVR SILVERADO	2005 FORD F-150 SUPE	2002 FORD EXPLORER S
Liability	50,000/100,000	\$139.00	\$142.00	\$142.00
Property Damage	50,000	\$73.00	\$79.00	\$75.00
Work Loss	140	\$2.00	\$2.00	\$2.00
Medical Expense	5,000	\$10.00	\$12.00	\$17.00
Uninsured Motorists	50,000/100,000	\$10.00	\$10.00	\$10.00
Uninsured Motorists PD	50,000	\$5.00	\$5.00	\$5.00
Underinsured Motorists	50,000/100,000	\$17.00	\$17.00	\$19.00
Comprehensive	500 - 500	\$166.00		\$31.00
Collision	500 - 500	\$187.00		\$54.00
TOTAL PER VEHICLE		\$609.00	\$267.00	\$355.00

Discounts & Advantages

Early Quote	Continuous Ins	EFT
Good Payer	Multi-Car	Multi-Policy
Safe Driver		
Your Total Savings Reflected in Your Total Premium:	\$1098.00	

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
CHERI	01/09/1970	Married	Licensed			N	N
RICHARD	06/10/1966	Married	Licensed			N	N

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2016 CHEVR SILVERADO 3GCUKREC9GG374552	Commute	N	Y	Y	\$609.00
2005 FORD F-150 SUPE 1FTPW14535KC77360	Commute	N	Y	Y	\$267.00
2002 FORD EXPLORER S 1FMZU77E32UD23181	Commute	N	Y	Y	\$355.00