



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**  
GORDON BARKER  
1007 W LINDEN ST  
ROGERS, AR 72756-5852

The quote below is based on information you provided to us for a **12-month policy**, effective 02/28/21 to 02/28/22.

### YOUR HOME QUOTE



**\$1,076.00** estimated for  
12 months

with an estimated down payment amount of \$89.63

### Residence Premises

1007 W Linden St  
Rogers, AR 72756-5852

## Coverages

Coverage	Limit
Coverage A – Dwelling	\$179,000
Coverage B – Other Structures	\$17,900
Coverage C – Personal Property	\$89,500
Coverage D – Loss of Use	\$35,800
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% of Coverage A - Dwelling Limit	\$1,790

## Coverage Level

Your coverage level is Travelers Protect<sup>®</sup>. If you have any questions, please contact your agent at 1.479.286.1066.

**Optional Packages**

	<b>Endorsement</b>	<b>Limit</b>	<b>Premium</b>
<b>Additional Coverage Package</b>			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)	\$44,750	
Refrigerated Property Coverage	HQ-498 CW (05-17)	\$500	
Loss Assessment	Increased Limit	\$5,000	

**Optional Coverages**

	<b>Endorsement</b>	<b>Limit</b>	<b>Premium</b>
<b>Roof Systems Payment Schedule Windstorm or Hail Losses</b>	HQ-646 CW (05-17)		Included*
Roof Material Type: ARCH Age of Roof: 16			

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

**Estimated Home Premium** **\$1,076.00**

**Discounts**

The following discounts reduced your premium:

Early Quote                                      Loss Free                                      Good Payer

Fire Protective Device

**Savings Reflected in Your Total Premium:** **\$368.00**

**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: 1990	Construction Type: Frame
# of Stories: 1	Square Footage: 1496	Siding Type: Brick/Masonry Veneer
# of Bathrooms: 2	Age of Roof: 16	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.

	<b>EFT</b>	<b>RCC</b>	<b>Bill by Mail/Email</b>
Monthly Installment Premium	\$89.67	\$89.67	\$89.67
Monthly Service Charge	\$2.00	\$2.00	\$5.00
<b>Total Monthly Amount</b>	<b>\$91.67</b>	<b>\$91.67</b>	<b>\$94.67</b>

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 02/22/2021 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.