



Ask Insurance Services, LLC

1826 W Broadway Rd Ste 51  
Mesa, AZ 85202-1106

# Personal Auto

Quote Proposal

Quote Date: 12/15/2021  
Quote Number: 1537614818  
Effective Date: 12/28/2021  
Expiration Date: 12/28/2022  
Offering: Premier

## Named Insured

TAKOA WHITEHORSE  
ORLANDO WHITEHORSE  
951 E ARABIAN DR  
GILBERT, AZ 85296

Contact your independent agent at (480) 245-5048

## Total Policy Premium

**\$4,604.90**

## Your Covered Drivers

| Driver Name         | Gender | Marital Status           | Relationship to Named Insured | Driver Status |
|---------------------|--------|--------------------------|-------------------------------|---------------|
| Orlando Whitehorse  | Male   | Married/Domestic Partner | Spouse                        | Rated         |
| Takoa Whitehorse    | Female | Married/Domestic Partner | Self                          | Rated         |
| Saneisha Whitehorse | Female | Single                   | Child                         | Excluded      |
| Taneisha Whitehorse | Female | Single                   | Child                         | Rated         |

## Your Policy Level Coverages

| Coverage                            | Limit/Deductible                                | Veh 1: 2009 NISSAN MAXIMA S/MAXIMA SV 1N4AA51E19C845725 |          | Veh 2: 2004 DODGE RAM PICKUP 1500 QUA 1D7HA18D44S721659 |         |
|-------------------------------------|---|---|----------|---|---------|
|                                     |   | Premium   | Premium  | Premium   | Premium |
| Bodily Injury                       | \$250,000 per person/<br>\$500,000 per accident | \$496.07  | \$361.37 |   |         |
| Property Damage                     | \$250,000                                       | \$283.36  | \$264.55 |   |         |
| Uninsured Motorist Bodily Injury    | \$250,000 per person/<br>\$500,000 per accident | \$158.57  | \$80.17  |   |         |
| Underinsured Motorist Bodily Injury | \$250,000 per person/<br>\$500,000 per accident | \$57.08   | \$30.01  |   |         |
| Roadside Assistance Coverage        | 100 Miles                                       | \$15.31   | \$8.52   |   |         |
| AutoXtended® Premier                | Included  | Included  | Included |   |         |

## Your Vehicle Coverages

| Coverage             | Veh 1: 2009 NISSAN MAXIMA S/MAXIMA SV 1N4AA51E19C845725 |          | Veh 2: 2004 DODGE RAM PICKUP 1500 QUA 1D7HA18D44S721659 |          |
|----------------------|---|----------|---|----------|
|                      | Limit/Deductible  | Premium  | Limit/Deductible  | Premium  |
| Other Than Collision | \$500   | \$260.79 | \$5,000   | \$234.42 |
| Full Safety Glass    | Included  | Included | Included  | Included |
| Collision            | \$500   | \$461.82 | N/A   | N/A      |

The premium shown is based on the data you have provided us. Please be advised the quoted premium is subject to change if any information is amended prior to issuing the policy or if a state rate change is implemented on or before the effective date of the quote.



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|                         |                   |         |                 |          |
|-------------------------|-------------------|---------|-----------------|----------|
| Transportation Expenses | 50/1500           | \$26.65 | 20/600          | Included |
| <b>Total Premium</b>    | <b>\$1,759.65</b> |         | <b>\$979.04</b> |          |

## Your Policy Level Coverages

| Coverage                                   | Limit/Deductible                                | Premium  | Premium  |
|--|---|----------|----------|
| <b>Bodily Injury</b>                       | \$250,000 per person/<br>\$500,000 per accident | \$454.17 | \$393.50 |
| <b>Property Damage</b>                     | \$250,000                                       | \$271.75 | \$284.82 |
| <b>Uninsured Motorist Bodily Injury</b>    | \$250,000 per person/<br>\$500,000 per accident | \$146.07 | \$86.89  |
| <b>Underinsured Motorist Bodily Injury</b> | \$250,000 per person/<br>\$500,000 per accident | \$52.76  | \$32.33  |
| <b>Roadside Assistance Coverage</b>        | 100 Miles                                       | \$9.20   | \$7.00   |
| <b>AutoXtended® Premier</b>                | Included  | Included | Included |

Veh 3: 2005 TOYOTA  
RAV4 BASE/RAV4 L/RAV  
JTEGD20V156001779

Veh 4: 2005 KIA  
SORENTO LX/EX  
KNDJC733155454598

## Your Vehicle Coverages

| Coverage                       | Limit/<br>Deductible | Premium  | Limit/<br>Deductible | Premium |
|--------------------------------|----------------------|----------|----------------------|---------|
| <b>Other Than Collision</b>    | \$5,000              | \$123.72 | N/A                  | N/A     |
| <b>Full Safety Glass</b>       | Included             | Included | N/A                  | N/A     |
| <b>Collision</b>               | N/A                  | N/A      | N/A                  | N/A     |
| <b>Transportation Expenses</b> | 20/600               | Included | N/A                  | N/A     |
| <b>Total Premium</b>           | <b>\$1,057.67</b>    |          | <b>\$804.54</b>      |         |

Veh 3: 2005 TOYOTA  
RAV4 BASE/RAV4 L/RAV  
JTEGD20V156001779

Veh 4: 2005 KIA  
SORENTO LX/EX  
KNDJC733155454598

## Taxes and Fees

|   | Amount        | Amount        |
|---|---------------|---------------|
| Arizona Automobile Theft Authority Fund Fee | \$1.00        | \$1.00        |
| <b>Total Taxes and Fees</b>                 | <b>\$1.00</b> | <b>\$1.00</b> |

Veh 1: 2009 NISSAN  
MAXIMA S/MAXIMA S  
1N4AA51E19C845725

Veh 2: 2004 DODGE  
RAM PICKUP 1500 QU  
1D7HA18D445721659

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|   | Veh 3: 2005 TOYOTA<br>RAV4 BASE/RAV4 L/RA<br>JTEGD20V156001779 | Veh 4: 2005 KIA<br>SORENTO LX/EX<br>KNDJC733155454598 |
|---|--|---|
|   | Amount   | Amount  |
| Arizona Automobile Theft Authority Fund Fee | \$1.00   | \$1.00  |
| <b>Total Taxes and Fees</b>                 | <b>\$1.00</b>  | <b>\$1.00</b>   |

### Your Discounts Applied

- ◆ Multi-Car Discount
- ◆ State Auto Startup Discount
- ◆ Good Student Discount - SANEISHA WHITEHORSE
- ◆ Good Student Discount - Taneisha Whitehorse
- ◆ Anti-Theft Device Discount - Veh # 1

### Payment Option

You have selected *Monthly Pay* option.

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**IMPORTANT NOTICE  
TO ALL ARIZONA POLICYHOLDERS**

**NOTICE OF FEE SCHEDULE**

Pursuant to Arizona laws, written notice of the possible fees to be charged, along with the services to which they pertain, must be provided to, and acknowledged by, an insured at or before delivery of a property or casualty insurance policy. Below is a listing of the maximum fees which could be applicable during the initial term of your policy or any amendments, continuations, changes, or renewals thereafter.

| <b>FEE TYPE</b>          | <b>MAXIMUM FEE</b> |
|--------------------------|--------------------|
| Non-Sufficient Funds Fee | \$ 25.00           |

Please understand that while the fees may vary, those fees shown above reflect the maximum fees which will be charged. Failure to pay such fees may result in cancellation, nonrenewal, failure to reinstate, or termination of the policy.

**Applicant's Acknowledgement and Acceptance of Fee Schedule**

Your signature constitutes your Acknowledgement and Acceptance of the fee schedule. Should any of the fees listed above change, we will notify you of these changes, in writing, at your next renewal. Your payment of your renewal premium, and any related fees as described above, represents your Acknowledgement and Acceptance of those new fees.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

Policy Number: