ASK INS SERVICES LLC 1826 W BROADWAY#51 MESA, AZ 85202



Underwritten by:
Progressive Preferred Insurance Co
June 1, 2021
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Customer: THOMAS H GIANFRANCESCO

THOMAS H GIANFRANCESCO 2230 MARICOPA ST CHINO VALLEY, AZ 86323

Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

Quote for a 6 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$1,309.00
Paid in full discount	-328.00
Policy premium if paid in full	\$981.00

If you select a paid in full bill plan, you will not be charged an installment fee.

Payment plans

Automatic Payments by Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment (excluding the initial payment) includes an installment fee of \$1.00.

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,222.00	\$205.38	5 payments of \$204.33

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-480-245-5048**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

THOMAS H GIANFRANCESCO

Date of birth: Mar 11, 1975 Gender: Male
Marital status: Single Relationship: Insured

Driver status: Rated



License type: Operator - Personal Auto Education level: College degree

Occupation: Other - Construction / Energy / Mining

SHARON E GIANFRANCESCO

Date of birth: Aug 6, 1957 Gender: Female
Marital status: Married Relationship: Parent

Driver status: Excluded

License type: Operator - Personal Auto

THOMAS L GIANFRANCESCO Jr

Date of birth: Aug 22, 1955 Gender: Male
Marital status: Married Relationship: Parent

Driver status: Excluded

License type: Operator - Personal Auto

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

2004 INFINITI G35 2 DOOR COUPE

VIN: JNKCV54E74M306286

Garaging ZIP Code: 86323

Primary use of the vehicle: Commute Annual miles: 6,000 - 7,999

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

	Limits	Deductib l e	Premium
Liability To Others			\$161
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		22
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		37
Medical Payments	\$5,000 each person		24
Comprehensive	Actual Cash Value	\$500	93
Full Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$500	68
Rental Reimbursement	up to \$50 each day/maximum 30 days		6
Roadside Assistance			5
Total premium for 2004 INFINITI			\$416



1999 CHEVROLET SILVERADO C1500K1500 3 DOOR EXT CAB

VIN: **2GCEK19T5X1175765**

Garaging ZIP Code: 86323

Primary use of the vehicle: Pleasure/Personal

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: 5 years or more

J	Limits	Deductib l e	Premium
Liability To Others			\$125
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		12
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		19
Medical Payments	\$5,000 each person		16
Comprehensive	Actual Cash Value	\$500	48
Full Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$500	24
Rental Reimbursement	up to \$50 each day/maximum 30 days		5
Roadside Assistance			5
Total premium for 1999 CHEVROLET			\$254

1973 Chevrolet 1/2 ton VIN: **CKY143Z109050**

Garaging ZIP Code: 86323

Primary use of the vehicle: Pleasure/Personal

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: 5 years or more

	Limits	Deductib l e	Premium
Liability To Others			\$99
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		8
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		14
Medical Payments	\$5,000 each person		10
Comprehensive	*Actual Cash Value or Stated Amount	\$1,500	78
Full Comprehensive Window Glass		\$0 glass	
Roadside Assistance			7
Total premium for 1973 Chevrolet			\$216

^{*} In the event of a total loss of this vehicle, the maximum amount payable is the lesser of the actual cash value or the stated amount of \$2,000.



1980 Ford Bronco U100

VIN: **U15ELHJ0526**

Garaging ZIP Code: 86323

Primary use of the vehicle: Commute Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductib l e	Premium
Liability To Others			\$134
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		12
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		19
Medical Payments	\$5,000 each person		14
Comprehensive	*Actual Cash Value or Stated Amount	\$2,000	145
Full Comprehensive Window Glass		\$0 glass	
Roadside Assistance			10
Total premium for 1980 Ford			\$334
* In the event of a total loss of this vehicle, the maximum	amount payable is the lesser of the actual cash value or the \ensuremath{actual}	ne stated amount of \$	55,000.
Subtotal policy premium			\$1,220.00
Automobile Theft Authority Fee			2.00
Total 6 month policy premium and fees			\$1,222.00

Premium discounts

Policy

Three-Year Safe Driving, Continuous Insurance: Platinum, Paperless, Multi-Car,
Electronic Funds Transfer (EFT) and Five-Year Accident Free

Form QUOTE AZ (05/19)