



This Tenant Policy has been successfully issued

**Issued Policies**

Auto 605180453-203-1 \$4747

**Policy Details**

**Agent Details**

**Policy Number** 608507629-634-1

**Named Insured** RACHELLE WRAY

**Second Named Insured** DARRYL SOGA  
250 N SANDAL  
MESA AZ 85205-5882  
(480)296-9364

**Policy Effective Date** 02/26/2021

**Policy Term** 12 Months

**Premium** \$203.00

**Today's Payment** \$16.91

**Today's Payment Confirmation #** BPITPI049029397

**Agent Name** GONZALES,  
ANDREA MAY

**Agency Customer #**

**Special Messages**

The agency is responsible for collecting and retaining signed and required documentation as outlined in the Agency Retention and Process Requirements.

To update the EFT/RCC payment deduction date, click Automatic Payment Plans

Let your customers know they will soon receive a registration email for MyTravelers® and encourage them to logon within 3 days to confirm their delivery preferences for their policy and bills.