

Your Clearcover car insurance quote

Drivers

Justin Dizon

Vehicles

2010 Hyundai TUCSON GLS UTL4X24D

Monthly Premium

\$104.68

Total Premium

\$628.10

Additional costs may vary depending on payment method used and payment frequency.

Here is your Clearcover car insurance quote. Clearcover is the smarter car insurance company. We use powerful technology to offer everyday drivers better coverage for less money.

Clearcover offers the same great coverages you are used to, just at a lower cost. We use business efficiency to decrease operating costs, which we pass directly onto our customers via a lower premium.

Please note that the final quote may change due to 3rd-party driving and vehicle reports.

Coverage	Limit or Deductible
Bodily Injury Liability Covers costs associated with injuries to others if you cause an accident	\$100,000 per person \$300,000 per incident
Property Damage Liability Covers costs of damage to other people's property if you cause an accident	\$100,000 per incident
Medical Payments Covers costs associated with injuries you and your passengers sustain in an accident	\$5,000 per incident
Underinsured Bodily Injury Covers costs associated with injuries to you and your passengers received in an incident with an underinsured driver	\$100,000 per person \$300,000 per incident
Uninsured Bodily Injury Covers costs associated with injuries to you and your passengers received in an incident with an uninsured driver	\$100,000 per person \$300,000 per incident

2010 Hyundai TUCSON GLS UTL4X24D

KM8JT3ACXAU099468 12000 mi/yr owned

Coverage	Limit or Deductible
Alternate Transportation Provides you with cash to get around if your vehicle is unusable due to a covered incident	\$50 per day \$1,500 per incident
Collision Covers costs to repair or replace your vehicle if it's damaged in a covered incident with another vehicle or object	\$500 deductible
Comprehensive Covers costs to repair or replace your vehicle if it's stolen or damaged in an incident that's not a collision	\$500 (\$0 glass deductible)
Rideshare Endorsement Extends your policy's coverages to rideshare driving	Waived
Roadside Covers cost of towing or roadside service resulting from a mechanical or electrical breakdown	Accepted



ASK INS SERVICES LLC
1826 W BROADWAY RD STE 51
MESA, AZ 85202
Phone: 1.480.245.5048 | Fax: (928) 597-5144

Name and Mailing Address
JUSTIN DIZON
3802 N 27TH ST
PHOENIX, AZ 85016-6752

The quote below is based on information you provided to us for a **12-month policy**, effective 02/24/21 to 02/24/22.

<p>YOUR TENANT QUOTE</p>  <p>\$191.00 <small>estimated for 12 months</small></p> <hr/> <p>with an estimated down payment amount of \$15.91</p>	<p>Residence Premises</p> <p>3802 N 27th St Phoenix, AZ 85016-6752</p>
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Coverages

Coverage	Limit
Coverage C – Personal Property	\$15,000
Coverage D – Loss of Use	\$4,500
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)	\$500

Coverage Level

Your coverage level is Travelers Protect[®]. If you have any questions, please contact your agent at 1.480.245.5048.

Optional Packages

	Endorsement	Limit	Premium
Additional Coverage Package			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)		
Refrigerated Property Coverage	HQ-498 CW (05-17)	\$500	

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

Estimated Tenant Premium **\$191.00**

Discounts

The following discounts reduced your premium:

Loss Free Good Payer

Savings Reflected in Your Total Premium: **\$55.00**

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.

	EFT	RCC	Bill by Mail/Email
Monthly Installment Premium	\$15.92	\$15.92	\$15.92
Monthly Service Charge	\$2.00	\$2.00	\$5.00
Total Monthly Amount	\$17.92	\$17.92	\$20.92

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 02/09/2021 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.