



Ask Insurance Services, LLC

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

Personal Auto

Quote Proposal

Quote Date: 02/24/2021
Quote Number: 1897884132
Effective Date: 03/21/2021
Expiration Date: 03/21/2022
Offering: Standard

Named Insured

Dalee Wise
LOREN J WISE
2583 S LARKSPUR ST
GILBERT, AZ 85295

Contact your independent agent at (480) 245-5048

Total Policy Premium

\$4,051.93

Your Covered Drivers

Driver Name	Gender	Marital Status	Relationship to Named Insured	Driver Status
Matthew White	Male	Single	Child	Rated
Dallin Wise	Male	Single	Child	Listed
Dalee Wise	Female	Married/Domestic Partner	Self	Rated
Loren Wise	Male	Married/Domestic Partner	Spouse	Rated

Your Policy Level Coverages

Coverage	Limit/Deductible	Premium	Premium
Bodily Injury	\$100,000 per person/ \$300,000 per accident	\$352.63	\$183.24
Property Damage	\$100,000	\$328.65	\$185.99
Medical Payments	\$5,000	\$61.89	\$35.87
Uninsured Motorist Bodily Injury	\$100,000 per person/ \$300,000 per accident	\$113.38	\$80.99
Underinsured Motorist Bodily Injury	\$100,000 per person/ \$300,000 per accident	\$41.21	\$30.10
Roadside Assistance Coverage	100 Miles	\$16.26	\$5.74

Veh 1: 2013 FORD EXPEDITION EL XLT/EL 1FMJK1H54DEF29220

Veh 2: 1993 JEEP CHEROKEE SPORT 1J4FJ68S5PL614495

Your Vehicle Coverages

Coverage	Limit/Deductible	Premium	Limit/Deductible	Premium
Other Than Collision	\$500	\$274.82	\$5,000	\$58.36
Full Safety Glass	Included	Included	Included	Included
Collision	\$500	\$428.93	N/A	N/A

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Veh 2: 1993 JEEP CHEROKEE SPORT 1J4FJ68S5PL614495

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Transportation Expenses	50/1500	\$26.65	20/600	Included
Total Premium		\$1,644.42		\$580.29

Your Policy Level Coverages

Coverage	Limit/Deductible	Premium
Bodily Injury	\$100,000 per person/ \$300,000 per accident	\$364.14
Property Damage	\$100,000	\$342.55
Medical Payments	\$5,000	\$67.36
Uninsured Motorist Bodily Injury	\$100,000 per person/ \$300,000 per accident	\$121.54
Underinsured Motorist Bodily Injury	\$100,000 per person/ \$300,000 per accident	\$44.01
Roadside Assistance Coverage	100 Miles	\$18.04

Veh 3: 2017 DODGE
JOURNEY AWD CROSSR
3C4PDDGG8HT608991

Your Vehicle Coverages

Coverage	Limit/ Deductible	Premium
Other Than Collision	\$500	\$287.40
Full Safety Glass	Included	Included
Collision	\$500	\$552.53
Transportation Expenses	50/1500	\$26.65
Total Premium		\$1,824.22

Veh 3: 2017 DODGE
JOURNEY AWD CROSSR
3C4PDDGG8HT608991

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Taxes and Fees

	Amount
Arizona Automobile Theft Authority Fund Fee	\$1.00
Total Taxes and Fees	\$1.00

Veh 1: 2013 FORD
 EXPEDITION EL XLT/EL
 1FMJK1H54DEF29220

	Amount
Arizona Automobile Theft Authority Fund Fee	\$1.00
Total Taxes and Fees	\$1.00

Veh 2: 1993 JEEP
 CHEROKEE SPORT
 1J4FJ68S5PL614495

	Amount
Arizona Automobile Theft Authority Fund Fee	\$1.00
Total Taxes and Fees	\$1.00

Taxes and Fees

	Amount
Arizona Automobile Theft Authority Fund Fee	\$1.00
Total Taxes and Fees	\$1.00

Veh 3: 2017 DODGE
 JOURNEY AWD CROSS
 3C4PDDGG8HT608991

	Amount
Arizona Automobile Theft Authority Fund Fee	\$1.00
Total Taxes and Fees	\$1.00

Your Discounts Applied

- ◆ Multi-Car Discount
- ◆ State Auto Startup Discount
- ◆ Driver Training Discount - MATTHEW WHITE
- ◆ Good Student Discount - MATTHEW WHITE
- ◆ Anti-Theft Device Discount - Veh # 1
- ◆ Anti-Theft Device Discount - Veh # 3

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.

FEE TYPE	MAXIMUM FEE
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: