

Dear Robin Williams,

Based on the information you provided to us for a **12 month** policy effective 06/13/2022 to 06/13/2023, your estimated total premium is

Mailing Address

1600 N SABA ST, APT #121
CHANDLER, AZ 85225-0904

\$2,189.00

with an estimated down payment amount of **\$182.34**

*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 05/09/2022 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 and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

Coverages

Coverages	Limits or Deductibles	2005 MINI COOPER	2015 MAZDA MAZDA3 I T
Liability	250,000/500,000	\$301.00	\$393.00
Property Damage	100,000	\$100.00	\$148.00
Uninsured Motorists	250,000/500,000	\$143.00	\$182.00
Underinsured Motorists	250,000/500,000	\$67.00	\$85.00
Medical Payments	5,000	\$35.00	\$53.00
Comprehensive	500 500	\$78.00	\$107.00
Glass Deductible	0 0	Incl	Incl
Collision	500 500	\$123.00	\$270.00
Rental	50/1,500 50/1,500	\$30.00	\$30.00
Personal Property Covg	500 500	Pkg	Pkg
Roadside Assistance Coverage	100 100	Pkg	Pkg
Trip Interruption Coverage		Pkg	Pkg
Premier Roadside Assistance		\$22.00	\$22.00
TOTAL PER VEHICLE		\$899.00	\$1,290.00

Discounts & Advantages

Early Quote	Continuous Ins	EFT
Good Payer	Multi-Car	Multi-Policy
Safe Driver		
Your Total Savings Reflected in Your Total Premium:		\$1758.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Robin	02/**/1955	Single	Licensed				

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2005 MINI COOPER WMWRF33415TG11005	Commuter	N	Y	Y	\$899.00
2015 MAZDA MAZDA3 I T JM1BM1V78F1268127	Pleasure	N	Y	Y	\$1,290.00

Accidents, Violations, and Losses


Driver	Description	Amount	Date
	Tow	\$78.00	10/22/2020
	Tow	\$70.00	06/27/2019



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
 ROBIN WILLIAMS
 1600 N SABA ST # 121
 CHANDLER, AZ 85225-0904

The quote below is based on information you provided to us for a **12-month policy**, effective 06/13/22 to 06/13/23.

<p>YOUR CONDOMINIUM QUOTE</p>  <p>\$828.00 estimated for 12 months</p> <hr/> <p>with an estimated down payment amount of \$68.97</p>	<p>Residence Premises</p> <p>1600 N Saba St Unit 121 Chandler, AZ 85225-0904</p>
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Coverages

Coverage	Limit
Coverage A – Dwelling	\$80,000
Coverage C – Personal Property	\$40,000
Coverage D – Loss of Use	\$20,000
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$500,000
Coverage F – Medical Payments to Others (each person)	\$5,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	\$1,000

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
Enhanced Water Package			Included*
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-20)	\$10,000	
Limited Hidden Water or Steam Seepage or Leakage Coverage	HQ-209 CW (08-18)	\$10,000	
Additional Coverage Package			Included*
Special Personal Property Coverage	HQ-015 CW (02-21)		
Personal Injury Coverage	HQ-082 CW (02-19)		
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (02-21)		
Refrigerated Property Coverage	HQ-498 CW (05-17)	\$500	
Loss Assessment	Increased Limit	\$10,000	

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

Estimated Condominium Premium \$828.00

Discounts

The following discounts reduced your premium:

Multi-Policy	Early Quote	Loss Free
Good Payer	Fire Protective Device	

Savings Reflected in Your Total Premium: \$439.00



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	\$69.00	\$69.00	\$69.00
Monthly Service Charge	\$2.00	\$4.00	\$5.00
Total Monthly Amount	\$71.00	\$73.00	\$74.00

Insurance is underwritten by TRAVELERS PERSONAL INSURANCE COMPANY, a subsidiary or affiliate of The Travelers Indemnity Company, One Tower Square, Hartford, CT 06183.

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Name and Mailing Address
ROBIN WILLIAMS
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CHANDLER, AZ 85225-0904

PERSONAL UMBRELLA QUOTE

The quote below is based on information you provided to us for a **12-month policy**, effective 06/13/22 to 06/13/23.

YOUR PERSONAL UMBRELLA QUOTE



\$445.00

estimated for
12 months

Residence Premises

1600 N Saba St
Chandler, AZ 85225-0904

Coverages

Coverage	Limit
Personal Liability Umbrella	\$1,000,000
Uninsured/Underinsured Motorists	\$1,000,000

Information Used to Determine Your Premium

Residence Occupied	1
Auto	2
Youthful Drivers	0

Discounts

The following discounts reduced your premium:

Travelers Auto Companion Policy



Discounts (continued)

The following discounts reduced your premium:

Travelers Homeowner Companion Policy

Your Personal Umbrella insurance is underwritten by AUTOMOBILE INSURANCE COMPANY OF HARTFORD, a subsidiary or affiliate of The Travelers Indemnity Company, One Tower Square, Hartford, CT 06183.

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