

Ask Insurance Services, LLC  
1826 W Broadway Rd Ste 51  
Mesa, AZ 85202-1106

Quote Date: 05/09/2022  
Quote Number: 0394286137  
Effective Date: 06/13/2022  
Expiration Date: 06/13/2023  
Offering: Premier

**Named Insured**

**Robin Williams**

1600 N SABA ST UNIT 121  
CHANDLER, AZ 85225

Contact your independent  
agent at (480) 245-5048

**Total Policy Premium**

**\$832.68**

**Insured Location:**

1600 N SABA ST UNIT 121  
CHANDLER, AZ 85225-0904

**Your Coverages**

Section I Property Coverage	Limit	Premium
A. Dwelling	\$80,000	\$247.93
C. Personal Property	\$40,000	\$364.07
D. Loss of Use	Unlimited for 24 months	Included
Section II Liability Coverages	Limit	Premium
E. Personal Liability	\$500,000	Included
F. Medical Payments	\$5,000	Included

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## Total Policy Premium

**\$832.68**

## Additional Coverages

Coverages	Limit	Premium
Home System Protection (\$500 Deductible)	See Form for Limit	\$128.70
HomeXtend Coverage		Included
Identity Fraud Expense Coverage		Included
Ordinance or Law Coverage	50%	\$61.98
Personal Injury		Included
Premier Option Condominium Endorsement		Included
Water Backup and Sump Overflow - (\$1,000 Deductible)	\$10,000	\$30.00
<b>Total Premium</b>		<b>\$832.68</b>

## Your Deductibles

Deductibles	Amount
All-Peril	\$1,000
Windstorm or Hail	\$1,000

## Your Applied Discounts

- ◆ Advance Quote
- ◆ Protective Devices Credit
- ◆ Prior Carrier Discount
- ◆ Multi-Policy Discount

## 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, 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	FEE
Non-Sufficient Funds Fee	\$ 25.00
Late Payment Fee	\$ 15.00

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: