ASK INS SERVICES LLC 1826 W BROADWAY#51 MESA, AZ 85202



Underwritten by: Progressive Preferred Insurance Co August 15, 2022 Page 1 of 3

Customer: Amber Lipman

AMBER LIPMAN
721 LOWER COUNTY ROAD #2
SPRINGERVILLE, AZ 85938

Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

Quote for a 6 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$2,722.00
Paid in full discount	-322.00
Policy premium if paid in full	\$2,400.00

If you select a paid in full bill plan, you will not be charged an installment fee.

Payment plans

Automatic Payments by Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment (excluding the initial payment) includes an installment fee of \$1.00.

Payment p l an	Total premium	Initial payment	Payments
6 Payments	\$2,600.00	\$434.26	5 payments of \$434.15

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-480-245-5048**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

Amber Lipman

Date of birth: Sep 16, 1995 Gender: Female

Marital status: Single Relationship: Insured

Driver status: Rated



License type: Operator - Personal Auto Education level: High school diploma or GED

Occupation: Administrative Assistant

Kasey James

Date of birth: Jan 24, 1991 Gender: Male
Marital status: Single Relationship: Other

Driver status: Rated

License type: Operator - Personal Auto

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

2018 CHEVROLET SILVERADO C1500K1500 CREW PICKUP

VIN: 1GCVKPEH7JZ286224

Garaging ZIP Code: 85938

Primary use of the vehicle: Commute Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductib l e	Premium
Liability To Others			\$464
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		37
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		80
Medical Payments	\$5,000 each person		72
Comprehensive	Actual Cash Value	\$1,000	340
Full Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$1,000	350
Rental Reimbursement	up to \$50 each day/maximum 30 days		50
Roadside Assistance			7
Total premium for 2018 CHEVROLET			\$1,400



2018 SUBARU XV CROSSTREK STATION WAGON

VIN: JF2GTAJC8JH292747

Garaging ZIP Code: 85938

Primary use of the vehicle: Commute Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: At least 1 month but less than 1 year

	Limits	Deductib l e	Premium
Liability To Others			\$377
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		21
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		45
Medical Payments	\$5,000 each person		40
Comprehensive	Actual Cash Value	\$1,000	411
Full Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$1,000	245
Rental Reimbursement	up to \$50 each day/maximum 30 days		52
Roadside Assistance			8
Total premium for 2018 SUBARU			\$1,199
Subtotal policy premium			\$2,599.00
Automobile Theft Authority Fee			1.00
Total 6 month policy premium and fees			\$2,600.00

Premium discounts

Policy

Multi-Policy, Continuous Insurance: Gold, Paperless, Multi-Car and Electronic

Funds Transfer (EFT)

Vehicle

RU Smart Technology Discount 2018 SUBARU

XV CROSSTREK

Form QUOTE AZ (12/21)