

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

Personal Auto

Quote Proposal

Quote Date: 09/28/2021 **Quote Number:** 1501440924 **Effective Date:** 10/13/2021 Expiration Date: 10/13/2022 Offering:

Protection Plus

Total Policy Premium

\$5,452.28

Named Insured

MICHAEL PARKIN 1930 E HUBER ST MESA, AZ 85203

Contact your independent agent at (480) 245-5048

Your Covered Drivers

Driver Name	Gender	Marital Status	Relationship to Named Insured	Driver Status
Michael Parkin	Male	Single	Self	Rated
Seth Parkin	Male	Single	Child	Rated
Kimberly Knoblock	Female	Single	Not Related	Listed

Your Policy Level Coverages

Coverage	Limit/Deductible
Bodily Injury	\$500,000 per person/ \$500,000 per accident
Property Damage	\$100,000
Medical Payments	\$5,000
Uninsured Motorist Bodily Injury	\$500,000 per person/ \$500,000 per accident
Underinsured Motorist Bodily Injury	\$500,000 per person/ \$500,000 per accident
Roadside Assistance Coverage	100 Miles
AutoXtended® Plus	Included

Veh 1: 2013 VOLKSWAG **GOLF TDI** WVWNM7AJ2DW00179

Premium
\$1,543.63
\$874.87
\$128.72
\$304.91
\$106.88
\$40.04
Included

Your Vehicle Coverages

Coverage	
Other Than Collision	
Full Safety Glass	
Collision	

Veh 1: 2013 VOLKSWAG **GOLF TDI** WVWNM7AJ2DW00179

Limit/ Deductible	Premium
\$500	\$623.90
Included	Included
\$500	\$1,801.68

The premium shown is based on the data you have provided us. Please be advised the quoted premium is subject to change if any information is amended prior to issuing the policy or if a state rate change is implemented on or before the effective date of the quote.



Named Insured

MICHAEL PARKIN 1930 E HUBER ST

MESA, AZ 85203

Ask Insurance Services, LLC

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

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 Offering:
 Protection Plus

Offering: Protection Plus

Total Policy Premium

Contact your independent agent at (480) 245-5048

\$5,452.28

Transportation Expenses

Total Premium

50/1500 \$26.65 \$5,451.28

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Agency 0008546



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Offering: **Protection Plus**

Total Policy Premium

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Named Insured

MICHAEL PARKIN 1930 E HUBER ST MESA, AZ 85203

Contact your independent agent at (480) 245-5048

Taxes and Fees

Arizona Automobile Theft Authority Fund Fee

Total Taxes and Fees

Veh 1: 2013 VOLKSWA **GOLF TDI** WVWNM7AJ2DW0017

Amount

\$1.00

\$1.00

Your Discounts Applied

- ♦ Multi-Policy Discount
- ♦ Driver Training Discount SETH PARKIN
- ♦ Anti-Theft Device Discount Veh # 1

- ♦ State Auto Startup Discount
- ♦ Good Student Discount SETH PARKIN

Payment Option

You have selected Monthly Pay option.

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	
	, those fees shown above reflect the maximum fees which will cancellation, nonrenewal, failure to reinstate, or termination of t	
	ement and Acceptance of Fee Schedule ent and Acceptance of the fee schedule. Should any of the fe	
listed above change, we will notify you of these	changes, in writing, at your next renewal. Your payment of your beginning to the recommendation of the recomme	our
Signature of Named Insured	Date	

Policy Number:



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

Homeowners

Quote Proposal Form:HO4

 Quote Date:
 09/28/2021

 Quote Number:
 1502205812

 Effective Date:
 10/13/2021

 Expiration Date:
 10/13/2022

 Offering:
 Protection Plus

Total Policy Premium

\$291.04

Named Insured

MICHAEL PARKIN 1930 E HUBER ST MESA, AZ 85203

Contact your independent agent at (480) 245-5048

Insured Location:

1930 E HUBER ST MESA, AZ 85203-3937

Your Coverages

Section I Property Coverage	Limit	Premium
C. Personal Property	\$30,000	\$246.44
D. Loss of Use	\$9,000	Included
Section II Liability Coverages	Limit	Premium
Section II Liability Coverages E. Personal Liability	Limit \$500,000	Premium Included



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

Homeowners

Quote Proposal Form:HO4

Quote Date:09/28/2021Quote Number:1502205812Effective Date:10/13/2021Expiration Date:10/13/2022Offering:Protection Plus

Total Policy Premium

\$291.04

Named Insured

MICHAEL PARKIN 1930 E HUBER ST MESA, AZ 85203

Contact your independent agent at (480) 245-5048

Additional Coverages

Coverages	Limit	Premium
Identity Fraud Expense Coverage		Included
Personal Injury		Included
Protection Plus Option Renter's Endorsement		Included
Special Personal Property Coverage		\$44.60
	Total Premium	\$291.04

Your Deductibles

Deductibles	Amount	
All-Peril	\$.	500

Your Applied Discounts

Prior Carrier Discount

◆ Multi-Policy Discount

◆ Protective Devices Credit

Payment Option

You have selected Monthly Pay option.

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FEE TYPE	FEE
Non-Sufficient Funds Fee	\$ 25.00
Late Payment Fee	\$ 15.00
	ees shown above reflect the maximum fees which will be tion, nonrenewal, failure to reinstate, or termination of the
Applicant's Acknowledgement a	and Acceptance of Fee Schedule
listed above change, we will notify you of these change	Acceptance of the fee schedule. Should any of the fees s, in writing, at your next renewal. Your payment of your love, represents your Acknowledgement and Acceptance
Signature of Named Insured	Date

Policy Number:



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

Personal Umbrella Liability

Quote Proposal

 Quote Date:
 09/28/2021

 Quote Number:
 1876594196

 Effective Date:
 10/13/2021

 Expiration Date:
 10/13/2022

Named Insured

Michael Parkin 1930 E Huber St MESA, AZ 85203

Contact your independent agent at (480) 245-5048

Total Policy Premium

\$300.50

Your Coverages

Coverage	Limit	Premium
Personal Umbrella Liability Coverage	\$1,000,000	\$202.50
Uninsured Motorists Coverage Excess	\$1,000,000	\$39.00
Underinsured Motorists Coverage Excess	\$1,000,000	\$59.00

Additional Coverages and Charges

Coverage	Number	Premium
Vehicle Exposure	1	Included
Licensed Vehicle Operators	3	Included
Dwelling	1	Included
	Annual Premium	\$300.50

Payment Option

You have selected Monthly Pay option.

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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: