

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

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Name and Mailing Address DOUGLAS S BINGHAM LINDSAY BINGHAM 2878 E BOSTON CT GILBERT, AZ 85295-1425

The quote below is based on information you provided to us for a 12-month policy, effective 02/23/21 to 02/23/22.

YOUR LANDLORD DWELLING QUOTE

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\$708.00

estimated for 12 months

with an estimated down payment amount of \$0

Residence Premises

3740 E Red Oak Ln Gilbert, AZ 85297-7999

Coverages

Coverage	Limit
Coverage A – Dwelling	\$230,000
Coverage B – Other Structures	\$10,000
Coverage C – Household Furnishings	\$2,000
Coverage D – Loss of Use	\$23,000
Coverage E – Premises Liability (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	

PL-50347 (05-17)



Landlord Dwelling Quote for Douglas S Bingham continued

Optional Coverages

	Endorsement	Limit	Premium
Special Coverage	HQ-003 CW (05-18)		Included*
Personal Injury Coverage	HQ-082 CW (02-19)		\$16.00
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-18)	\$5,000	Included*

^{*}Note: The additional cost for any optional coverage or endorsement shown as "Included" is contained in the Estimated Landlord Dwelling Premium.

Estimated Landlord Dwelling Premium

\$708.00

Discounts

The following discounts reduced your premium:

Multi-Policy Loss Free Good Payer

Savings Reflected in Your Total Premium:

\$241.00

Information Used to Determine Your Premium

There are many factors that determine the premium on your quote, some of which are displayed below.

Year Built: 2002	Construction Type: Frame
Square Footage: 1609	Siding Type: Stucco
Age of Roof: 19	Roof Material Type: Clay or Concrete Tile
Garage Type: Attached	Foundation Type: Slab
	Finished Basement: 00
	Square Footage: 1609 Age of Roof: 19

PL-50347 (05-17) 2



Landlord Dwelling Quote for Douglas S Bingham continued

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	\$59.00	\$59.00	\$59.00	
Monthly Service Charge	\$2.00	\$2.00	\$5.00	
Total Monthly Amount	\$61.00	\$61.00	\$64.00	

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

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 01/28/2021 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. Coverage, discounts and other features are subject to state availability and individual eligibility.

PL-50347 (05-17) 3