



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**  
BRANDON BUMFORD  
600 S DOBSON RD # 27  
MESA, AZ 85202-1813

The quote below is based on information you provided to us for a **12-month policy**, effective 02/26/21 to 02/26/22.

<p style="text-align: center;"><b>YOUR TENANT QUOTE</b></p> <div style="display: flex; align-items: center;"><div style="text-align: center;"><h1 style="color: red; margin: 0;">\$164.00</h1><p style="color: red; font-size: small; margin: 0;">estimated for 12 months</p></div></div> <hr/> <p style="text-align: center; font-size: small;">with an estimated down payment amount of \$13.66</p>	<p><b>Residence Premises</b></p> <p>600 S Dobson Rd Unit 27 Mesa, AZ 85202-1813</p>
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### Coverages

Coverage	Limit
Coverage C – Personal Property	\$25,000
Coverage D – Loss of Use	\$7,500
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$300,000
Coverage F – Medical Payments to Others (each person)	\$5,000

### Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	\$500

### Coverage Level

Your coverage level is Travelers Protect<sup>®</sup>. If you have any questions, please contact your agent at 1.480.245.5048.



**Optional Packages**

	<b>Endorsement</b>	<b>Limit</b>	<b>Premium</b>
<b>Additional Coverage Package</b>			Included*
Special Personal Property Coverage	HQ-015 CW (05-17)		
Personal Injury Coverage	HQ-082 CW (02-19)		
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (05-17)		
Refrigerated Property Coverage	HQ-498 CW (05-17)	\$500	

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

**Estimated Tenant Premium** **\$164.00**

**Discounts**

The following discounts reduced your premium:

Multi-Policy	Loss Free	Good Payer
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**Savings Reflected in Your Total Premium:** **\$49.00**

**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.

	<b>EFT</b>	<b>RCC</b>	<b>Bill by Mail/Email</b>
Monthly Installment Premium	\$13.67	\$13.67	\$13.67
Monthly Service Charge	\$2.00	\$2.00	\$5.00
<b>Total Monthly Amount</b>	<b>\$15.67</b>	<b>\$15.67</b>	<b>\$18.67</b>

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 02/11/2021 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.

Dear BRANDON BUMFORD,

**Mailing Address**

600 S DOBSON RD, APT #27  
MESA, AZ 85202-1813

Based on the information you provided to us for a **12 month** policy effective 02/26/2021 to 02/26/2022, your estimated total premium is

**\$1,696.00**

with an estimated down payment amount of **\$141.28**

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### Coverages

Coverages	Limits or Deductibles	2017 MAZDA MAZDA3 SPO
Liability	100,000/300,000	\$492.00
Property Damage	100,000	\$240.00
Uninsured Motorists	100,000/300,000	\$91.00
Underinsured Motorists	100,000/300,000	\$42.00
Medical Payments	5,000	\$87.00
Comprehensive	500	\$198.00
Glass Deductible	0	Incl
Collision	500	\$503.00
Rental	40/1,200	\$24.00
Personal Property Covg	500	Pkg
Roadside Assistance Coverage	100	Pkg
Trip Interruption Coverage		Pkg
Premier Roadside Assistance		\$19.00
<b>TOTAL PER VEHICLE</b>		<b>\$1,696.00</b>

### Discounts & Advantages

Digital Auto	IntelliDrive® Enroll	Early Quote
Continuous Ins	EFT	Good Payer
Multi-Policy	Safe Driver	
<b>Your Total Savings Reflected in Your Total Premium:</b>		<b>\$1431.00</b>

### Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
BRANDON	08/04/1985	Single	Licensed			N	N

### Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2017 MAZDA MAZDA3 SPO 3MZBN1U73HM116614	Commute	N	Y	Y	\$1,696.00

### Accidents, Violations, and Losses

Driver	Description	Amount	Date
BRANDON	Accident	\$16,422.00	12/08/2018
	OTHER COMP		09/23/2019
	Tow	\$89.00	08/25/2019
	OTHER COMP	\$60.00	07/09/2019