

Customer Information

Elma Munoz 3615 W SAINT MORITZ LN PHOENIX, AZ 85053-4651

Date Prepared: 02/09/2021

Proposed Policy Period: 02/26/2021 to 02/26/2022

Agent Information

ASK INSURANCE SERVICES LLC 1826 W BROADWAY RD STE 51 MES, AZ 85202-1106

Phone Number: (480) 245-5048 Email: info@askinsurancegroup.com

Agent #: 132244

Call or email ASK INSURANCE SERVICES LLC to start your protection with a monthly EFT down payment of \$454.04.

PREMIUM SUMMARY	Premium
Vehicle Coverages	\$5,515.10
Policy Coverages	Included
Discounts & Safeco Safety Rewards	Included
Your total policy premium for 12 months is	\$5,515.10
Your total policy premium for 12 months without RightTrack is	\$6,101.50
Your total policy premium for 12 months with the Paid in Full Discount is	\$4,841.00
Your total policy premium for 12 months with Automatic Bank Deduction is	\$5,424.70

DISCOUNTS & SAFECO SAFETY REWARDS

Claims-Free Cash Back Review Account Advance Quoting Anti-Theft Coverage
Homeowners Multi-Car Accident Free Diminishing Deductible RightTrack Mobile

Violation Free

DRIVER SUMMARY

Elma Munoz - Rated	Elma Munoz - Excluded	MONIKA MUNOZ - Excluded	
VEHICLE COVERAGES	Limits / Deductibles	2017 Niss Sentra S/	2009 Niss Versa S/S
Bodily Injury Liability	\$50,000/\$100,000	\$592.30	\$562.10
Property Damage Liability	\$50,000	\$324.00	\$295.20
Medical Payments	\$5,000	\$326.20	\$281.90
Uninsured Motorist	\$50,000/\$100,000	\$163.20	\$129.60
Underinsured Motorist	\$50,000/\$100,000	\$398.80	\$316.70
Comprehensive	\$500 w/Full Glass	\$306.10	\$164.00
Collision	\$500	\$651.60	\$306.30
Loss of Use	\$50 per day	\$33.90	\$15.60
Auto Theft Authority Assessment	Yes	\$1.00	\$1.00
Ultra Level Protection	Increased Limits and Coverage	\$370.10	\$275.50
Total Vehicle Premium		\$3,167.20	\$2,347.90

Safeco Insurance Company of America





POLICY COVERAGES
Named Driver Exclusion
Accident Forgiveness

Limits / Deductibles

Yes Earned day one if eligible Premium

Included Included

This quote is provided without cost or obligation. It is not a contract or binder of coverage.



Payment Op	tions:
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Automatic Deduction (EFT)

1. Full Payment \$4,841.00 (Total Premium, no Installment Fee)

2. 2-Pay \$2,422.50 (50% down payment + \$2.00 Installment Fee)

3. 4-Pay \$1,358.18 (3 months down payment + \$2.00 Installment Fee)

4. Monthly Pay \$454.04 (1 month down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

1. Full Payment \$4,841.00 (Total Premium, no Installment Fee)

2. 2-Pay \$2,425.50 (50% down payment + \$5.00 Installment Fee)

3. 4-Pay \$1,383.78 (3 months down payment + \$5.00 Installment Fee)

4. Monthly Pay \$464.57 (1 month down payment + \$5.00 Installment Fee)

Bill By Mail

1. Full Payment \$4,841.00 (Total Premium, no Installment Fee)

2. 2-Pay \$2,425.50 (50% down payment + \$5.00 Installment Fee)

3. 4-Pay \$1,383.78 (3 months down payment + \$5.00 Installment Fee)

4. Monthly Pay \$924.20 (2 months down payment + \$5.00 Installment Fee)