



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
NEIL GONZALES
1750 W BOSTON ST # 1129
CHANDLER, AZ 85224-8157

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>YOUR TENANT QUOTE</p>  <p>\$217.00 <small>estimated for 12 months</small></p> <hr/> <p>with an estimated down payment amount of \$18.08</p>	<p>Residence Premises</p> <p>1750 W Boston St Apt 1129 Chandler, AZ 85224-8157</p>
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Coverages

Coverage	Limit
Coverage C – Personal Property	\$50,000
Coverage D – Loss of Use	\$15,000
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[®]. If you have any questions, please contact your agent at 1.480.245.5048.



Optional Packages

	Endorsement	Limit	Premium
Additional Coverage Package			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 **\$217.00**

Discounts

The following discounts reduced your premium:

Multi-Policy	Loss Free	Good Payer
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Savings Reflected in Your Total Premium: **\$85.00**

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.

	EFT	RCC	Bill by Mail/Email
Monthly Installment Premium	\$18.08	\$18.08	\$18.08
Monthly Service Charge	\$2.00	\$2.00	\$5.00
Total Monthly Amount	\$20.08	\$20.08	\$23.08

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.