



Ask Insurance Services, LLC

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

# Personal Auto

Quote Proposal

Quote Date: 02/18/2021  
Quote Number: 0300367784  
Effective Date: 02/28/2021  
Expiration Date: 02/28/2022  
Offering: Standard

## Named Insured

ESTHER CERVANTEZ  
MICHAEL Cervantez  
3143 W MARYLAND AVE  
PHOENIX, AZ 85017

Contact your independent agent at (480) 245-5048

## Total Policy Premium

**\$4,343.51**

## Your Covered Drivers

Driver Name	Gender	Marital Status	Relationship to Named Insured	Driver Status
Esther Cervantez	Female	Married/Domestic Partner	Self	Rated
Michael Cervantez	Male	Married/Domestic Partner	Spouse	Rated
Michael Cervantez	Male	Single	Child	Rated

## Your Policy Level Coverages

Coverage	Limit/Deductible	Premium	Premium
<b>Bodily Injury</b>	\$100,000 per person/ \$300,000 per accident	\$307.11	\$265.58
<b>Property Damage</b>	\$100,000	\$211.01	\$179.54
<b>Medical Payments</b>	\$5,000	\$53.67	\$90.04
<b>Uninsured Motorist Bodily Injury</b>	\$100,000 per person/ \$300,000 per accident	\$148.12	\$159.32
<b>Underinsured Motorist Bodily Injury</b>	\$100,000 per person/ \$300,000 per accident	\$53.12	\$56.96
<b>Roadside Assistance Coverage</b>	100 Miles	\$11.12	\$10.18

Veh 1: 2007 FORD  
F-150 SUPERCAB  
1FTPX12577FA52922

Veh 2: 2000 FORD  
TAURUS SE COMFORT  
1FADP56S4YG288304

## Your Vehicle Coverages

Coverage	Limit/ Deductible	Premium	Limit/ Deductible	Premium
<b>Other Than Collision</b>	\$500	\$135.86	\$500	\$103.15
<b>Full Safety Glass</b>	Included	Included	Included	Included
<b>Collision</b>	\$500	\$259.28	\$500	\$211.84

Veh 1: 2007 FORD  
F-150 SUPERCAB  
1FTPX12577FA52922

Veh 2: 2000 FORD  
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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.



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## Total Policy Premium

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Transportation Expenses	50/1500	\$26.65	50/1500	\$26.65
<b>Total Premium</b>		<b>\$1,205.94</b>		<b>\$1,103.26</b>

## Your Policy Level Coverages

Coverage	Limit/Deductible	Premium
Bodily Injury	\$100,000 per person/ \$300,000 per accident	\$336.52
Property Damage	\$100,000	\$239.34
Medical Payments	\$5,000	\$96.38
Uninsured Motorist Bodily Injury	\$100,000 per person/ \$300,000 per accident	\$188.79
Underinsured Motorist Bodily Injury	\$100,000 per person/ \$300,000 per accident	\$67.07
Roadside Assistance Coverage	100 Miles	\$18.74

Veh 3: 2017 HYUNDAI ELANTRA SPORT  
KMHD04LB8HU326201

## Your Vehicle Coverages

Coverage	Limit/ Deductible	Premium
Other Than Collision	\$500	\$278.75
Full Safety Glass	Included	Included
Collision	\$500	\$779.07
Transportation Expenses	50/1500	\$26.65
<b>Total Premium</b>		<b>\$2,031.31</b>

Veh 3: 2017 HYUNDAI ELANTRA SPORT  
KMHD04LB8HU326201

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## Total Policy Premium

**\$4,343.51**

### Taxes and Fees

Arizona Automobile Theft Authority Fund Fee
<b>Total Taxes and Fees</b>

Veh 1: 2007 FORD  
F-150 SUPERCAB  
1FTPX12577FA52922

Amount
\$1.00
<b>\$1.00</b>

Veh 2: 2000 FORD  
TAURUS SE COMFORT  
1FAFP56S4YG288304

Amount
\$1.00
<b>\$1.00</b>

### Taxes and Fees

Arizona Automobile Theft Authority Fund Fee
<b>Total Taxes and Fees</b>

Veh 3: 2017 HYUNDAI  
ELANTRA SPORT  
KMHD04LB8HU326201

Amount
\$1.00
<b>\$1.00</b>

### Your Discounts Applied

- ◆ Multi-Policy Discount
- ◆ State Auto Startup Discount
- ◆ Anti-Theft Device Discount - Veh # 2
- ◆ Multi-Car Discount
- ◆ Anti-Theft Device Discount - Veh # 1
- ◆ Anti-Theft Device Discount - Veh # 3

### Payment Option

You have selected **Monthly Pay** option.

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**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.

<b>FEE TYPE</b>	<b>MAXIMUM FEE</b>
Non-Sufficient Funds Fee	\$ 25.00

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:



Ask Insurance Services, LLC

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Mesa, AZ 85202-1106

# Homeowners

Quote Proposal

Quote Date: 02/18/2021  
Quote Number: 0305011767  
Effective Date: 02/28/2021  
Expiration Date: 02/28/2022  
Offering: Protection Plus

### Named Insured

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MICHAEL Cervantez  
3143 W MARYLAND AVE  
PHOENIX, AZ 85017

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## Total Policy Premium

**\$1,183.93**

### Insured Location:

3143 W MARYLAND AVE  
PHOENIX, AZ 85017

## Your Coverages

Section I Property Coverage	Limit	Premium
A. Dwelling	\$204,700	\$892.75
B. Other Structures	\$20,470	Included
C. Personal Property	\$143,290	Included
D. Loss of Use	\$61,410	Included
Section II Liability Coverages	Limit	Premium
E. Personal Liability	\$300,000	Included
F. Medical Payments	\$5,000	Included



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## Additional Coverages

Coverages	Limit	Premium
Home System Protection (\$500 Deductible)	See Form for Limit	\$193.30
HomeXtend Coverage		Included
Identity Fraud Expense Coverage		Included
Ordinance or Law Coverage	25%	\$33.14
Personal Injury		Included
Protection Plus Option Homeowner Endorsement		Included
Service Line Coverage (\$500 Deductible)	See Form for Limit	\$34.74
Water Backup and Sump Overflow - (\$1,000 Deductible)	\$10,000	\$30.00
<b>Total Premium</b>		<b>\$1,183.93</b>

## Your Deductibles

Deductibles	Amount
All-Peril	\$1,000
Windstorm or Hail	\$1,000

## Your Applied Discounts

- ◆ Advance Quote
- ◆ Protective Devices Credit
- ◆ Prior Carrier Discount
- ◆ Multi-Policy Discount



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<b>FEE TYPE</b>	<b>FEE</b>
Non-Sufficient Funds Fee	\$ 25.00
Late Payment Fee	\$ 15.00

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Date

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