



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**  
MARIA GARCIA  
1157 N MAIN ST # A  
COOLIDGE, AZ 85128-3265

The quote below is based on information you provided to us for a **12-month policy**, effective 03/28/21 to 03/28/22.

<p><b>YOUR TENANT QUOTE</b></p>  <p><b>\$189.00</b> <small>estimated for 12 months</small></p> <hr/> <p>with an estimated down payment amount of \$15.74</p>	<p><b>Residence Premises</b></p> <p>1157 N Main St Apt A Coolidge, AZ 85128-3265</p>
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### Coverages

Coverage	Limit
Coverage C – Personal Property	\$30,000
Coverage D – Loss of Use	\$9,000
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<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** **\$189.00**

**Discounts**

The following discounts reduced your premium:

Multi-Policy	Loss Free	Good Payer
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**Savings Reflected in Your Total Premium:** **\$64.00**

**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	\$15.75	\$15.75	\$15.75
Monthly Service Charge	\$2.00	\$2.00	\$5.00
<b>Total Monthly Amount</b>	<b>\$17.75</b>	<b>\$17.75</b>	<b>\$20.75</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 03/25/2021 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 Maria Garcia,

Based on the information you provided to us for a **12 month** policy effective 03/28/2021 to 03/28/2022, your estimated total premium is

**\$2,719.00**

with an estimated down payment amount of **\$226.49**

**Mailing Address**

1157 N MAIN ST, APT #A  
 COOLIDGE, AZ 85128-3265

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Coverages			
Coverages	Limits or Deductibles	2020 TOYOT CAMRY LE	2004 CHEVR SILVERADO
Liability	100,000/300,000	\$458.00	\$417.00
Property Damage	100,000	\$134.00	\$179.00
Uninsured Motorists	100,000/300,000	\$123.00	\$68.00
Underinsured Motorists	100,000/300,000	\$57.00	\$31.00
Medical Payments	5,000	\$72.00	\$28.00
Comprehensive	500   5,000	\$392.00	\$96.00
Glass Deductible	0   0	Incl	Incl
Collision	500   -	\$584.00	
Rental	50/1,500   -	\$33.00	
Personal Property Covg	500   500	Pkg	Pkg
Roadside Assistance Coverage	100   100	Pkg	Pkg
Trip Interruption Coverage		Pkg	Pkg
Premier Roadside Assistance		\$24.00	\$23.00
<b>TOTAL PER VEHICLE</b>		<b>\$1,877.00</b>	<b>\$842.00</b>

### Discounts & Advantages

New Car	Early Quote	Continuous Ins
EFT	Good Payer	Multi-Car
Multi-Policy	Safe Driver	
<b>Your Total Savings Reflected in Your Total Premium:</b>		<b>\$2239.00</b>

### Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Maria	10/11/1986	Single	Licensed				
Elias	02/11/1999	Single	Licensed			N	N

### Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2020 TOYOT CAMRY LE 4T1C11AK5LU352418	Commuter	N	Y	Y	\$1,877.00
2004 CHEVR SILVERADO 1GCEC19T14Z263664	Commuter	N	Y	Y	\$842.00