

## **Auto Insurance Quote Summary**

Quote Number: PQ1085794247

#### **Mercury Casualty Company**

This proposal is for your information only and is subject to the Company's review and approval. This is not an insurance

policy or binder.

Prepared For: Prepared By:

KEVIN WRIGHT ASK INSURANCE SERVICES LLC
7046 W Candlewood Way 2200 E WILLIAMS FIELD RD #200
Florence, AZ 85132-6972 GILBERT, AZ 85295

(480) 245-5048

#### **Premium Information**

Total 12 Month Premium	\$1,800.00
Payment Plan	Annual Two Pay

#### **Discounts**

3 Year Accident/Violation Free	Advanced Quote	Annual Two Pay
Continuous Insurance	Good Payer	Homeowner
Multi-Car	New Business 5 Year Accident Free	Occupation

#### **Drivers**

<u>Name</u>	<u>License Status</u>	Date of Birth	<u>Gender</u>	Marital Status	<u>Relationship</u>
KEVIN WRIGHT	Not Valid	05/20/1981	Male	Married	Insured
TERRIANN ROSE-WRIGHT	Not Valid	05/06/1979	Female	Married	Spouse

#### **Vehicles and Coverage Limits**

#### 2018 DODGE GRAND CARAVAN GT, VIN: 2C4RDGEGXJR150618

Garaging ZIP Code: 85132-6972, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$284.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist Bodily Injury	\$100,000 each Person/\$300,000 each Accident	\$49.00
Underinsured Motorist Bodily Injury	\$100,000 each Person/\$300,000 each Accident	\$36.00
Medical Payments	\$5,000 each Person	\$27.00
Comprehensive	Actual Cash Value less \$500 Deductible with \$0 Full	\$199.00
	Glass Deductible	
Collision	Actual Cash Value less \$500 Deductible	\$178.00
Rental	\$40 each Day/Maximum 30 Days	\$45.00
Roadside Assistance	\$500 Towing and \$75 for Non-Towing Services per	\$28.00
	Occurrence/Maximum 5 Occurrences	

Total Premium for 2018 DODGE GRAND CARAVAN GT \$846.00

#### 2017 TOYOTA COR L/LE/LEPL/PR, VIN: 2T1BURHE9HC814232

Garaging ZIP Code: 85132-6972, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$308.00
Property Damage Liability	\$100,000 each Accident	



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Theft Fee I 12 Month Policy Premium (All Vehicle	1	\$2.0	
Total Premium for 2017 TOYOTA COR L/LE/LEPL/PR otal Policy Premium (All Vehicles)		\$952.00 \$1,798.0	
Roadside Assistance	\$500 Towing and \$75 for Non-Towing Services per	\$28.00	
Rental	\$40 each Day/Maximum 30 Days	\$45.00	
Collision	Actual Cash Value less \$500 Deductible	\$264.00	
	Glass Deductible		
Comprehensive	Actual Cash Value less \$500 Deductible with \$0 Full	\$154.00	
Medical Payments	\$5,000 each Person	\$37.00	
Underinsured Motorist Bodily Injury	\$100,000 each Person/\$300,000 each Accident	\$49.00	
Uninsured Motorist Bodily Injury	\$100,000 each Person/\$300,000 each Accident	\$67.00	

### **Other 12 Month Payment Installment Options**

Payment Plan	<u>Total Premium</u>	Initial Payment Required	<u>Future Installments</u>	<u>First Installment</u> <u>Due Date</u>		
Auto Pay - Checki	Auto Pay - Checking/Savings - Each installment includes a \$3.00 service fee					
Full Pay	\$1,800.00	\$1,800.00	N/A	N/A		
2 Pay	\$1,800.00	\$901.00	1 payment of \$902.00	10/11/2021		
4 Pay	\$1,896.00	\$475.50	3 payments of \$476.50	07/11/2021		
12 Pay	\$1,896.00	\$159.77	11 payments of \$160.84	06/11/2021		
Auto Pay - Credit	/Debit - Each installmer	nt includes a \$5.00 servic	e fee			
Full Pay	\$1,800.00	\$1,800.00	N/A	N/A		
2 Pay	\$1,800.00	\$901.00	1 payment of \$904.00	10/11/2021		
4 Pay	\$2,025.00	\$507.75	3 payments of \$510.75	07/11/2021		
12 Pay	\$2,025.00	\$170.52	11 payments of \$173.59	06/11/2021		
Non-Auto Pay - E	Non-Auto Pay - Each installment includes a \$5.00 service fee					
Full Pay	\$1,800.00	\$1,800.00	N/A	N/A		
2 Pay	\$1,800.00	\$901.00	1 payment of \$904.00	10/11/2021		
4 Pay	\$2,025.00	\$507.75	3 payments of \$510.75	07/11/2021		
12 Pay	\$2,025.00	\$170.52	11 payments of \$173.59	06/11/2021		