



ASK INS SERVICES LLC
1826 W BROADWAY ROAD STE. 51
MESA, AZ 85202
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Name and Mailing Address
DONNA HATCHEL
JOHNNY HATCHEL
8236 W ROOSEVELT ST
PEORIA, AZ 85345-5771

The quote below is based on information you provided to us for a **12-month policy**, effective 02/20/23 to 02/20/24.

YOUR LANDLORD DWELLING QUOTE



\$1,057.00 estimated for
12 months

with an estimated down payment amount of \$88.05

Residence Premises

7340 W Cypress St
Phoenix, AZ 85035-3223

Coverages

Coverage	Limit
Coverage A – Dwelling	\$238,000
Coverage B – Other Structures	\$23,800
Coverage C – Household Furnishings	\$2,000
Coverage D – Loss of Use	\$23,800
Coverage E – Premises Liability (each occurrence)	\$500,000
Coverage F – Medical Payments to Others (each person)	\$5,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	\$1,000

Optional Coverages

	Endorsement	Limit	Premium
Special Coverage	HQ-003 CW (05-18)		Included*
Personal Injury Coverage	HQ-082 CW (02-19)		\$16.00
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-20)	\$5,000	Included*
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	\$59,500	Included*

*Note: The additional cost for any optional coverage or endorsement shown as "Included" is contained in the Estimated Landlord Dwelling Premium.

Estimated Landlord Dwelling Premium **\$1,057.00**

Discounts

The following discounts reduced your premium:

Multi-Policy	Loss Free	Good Payer
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Fire Protective Device

Savings Reflected in Your Total Premium: **\$291.00**

Information Used to Determine Your Premium

There are many factors that determine the premium on your quote, some of which are displayed below.

Year Built: 1975	Garage Type: None	Pool: Yes
# of Families: 1 Family	Square Footage: 1372	Age of Roof: 12
# of Stories: 1	Construction Type: Frame	Roof Material Type: Architectural Shingle
# of Bathrooms: 2	Siding Type: Stucco	



Information Used to Determine Your Premium (continued)

of Employees: 00 Foundation Type: Slab
Garage - Number of Cars: 00 Finished Basement: 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	\$88.09	\$88.09	\$88.09
Monthly Service Charge	\$2.00	\$4.00	\$5.00
Total Monthly Amount	\$90.09	\$92.09	\$93.09

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 02/14/2023 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.