

THE MAIN STREET AMERICA GROUP



PERSONAL AUTOMOBILE QUOTE SUMMARY

AGENT INFORMATION

Name:ASK INSURANCE SERVICES LLCAgency Code:02 1170005Address:1826 W BROADWAY RD STE 51Phone Number:480 - 245 - 5048

MESA, AZ 85202 Email: info@askinsurancegroup.com

APPLICANT INFORMATION Phone Number Proposed Effective Date Quote

MARK M. MACLEOD 6023905550 07/29/2022 to 07/29/2023 9770 922 390119

MANILYN MACLEOD 464 S EL CAJON CIR

SPRINGERVILLE, AZ 85938 Date Prepared: 07/22/2022 2:45 P.M.

Email: <u>putiecat1962@yahoo.com</u> Quote Status: Verified Quote

Company: Main Street America Protection Insurance Company

Insurance Score Group: A11 Tier: 16 Total 12 Month Premium \$1,573 (Paid in Full)

DRIVER INFORMATION			
Driver	Age	Marital Status	License Number
1 MARK M. MACLEOD	5 9	Married	D02153341
2 MANILYN MACLEOD	33	Married	D07305734
3 ROMEL MAC. MACLEOD	63	Married	B12264156
4 RUTCHELL T. MACLEOD	43	Married	D04537992
List all residents and dependents (licensed or	not) and red	gular drivers (at residence or not).	

VEHICLE INFORMATION										
						Sym	bols			
	Year	Make	Model	VIN	Med/PIP	Liab	Comp	Coll	Garaging Zip	Vehicle Use
1	2003	TOYOTA	TACOMA	5TEGN92N23Z262149	480	295	15	15	85938	Work 3-14 mi
2	2021	TOYOTA	CAMRY	4T1C11AKXMU451012	500	295	35	32	85938	Pleasure
3	1998	CARDINAL	5TH WHEEL	4X4FCMG20WG071983	999	999	4	4	85938	Pleasure

HOUSEHOLD DRIVING / LOSS EXPERIENCE				
Driver	Incident Type	Accident/Incident Date	Description	
MARK M. MACLEOD	Violation	06/20/2022	MVR Record Clear	
MARK M. MACLEOD	Accident	05/16/2022	Glass <= \$1,000	
MARK M. MACLEOD	Accident	05/08/2022	Glass <= \$1,000	
MARK M. MACLEOD	Accident	10/01/2021	At-Fault (PD and/or Coll); no payment	
MARK M. MACLEOD	Accident	07/07/2021	Glass > \$1,000	
MARK M. MACLEOD	Accident	06/11/2021	Glass <= \$1,000	
MARK M. MACLEOD	Accident	11/01/2020	Glass <= \$1,000	
MANILYN MACLEOD	Violation	06/20/2022	MVR Record Clear	
ROMEL MAC. MACLEOD	Violation	06/20/2022	MVR Record Clear	
RUTCHELL T. MACLEOD	Violation	06/20/2022	MVR Record Clear	

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\$1,573.00

COVERAGE LIMITS AND PREMIUMS						
		Vahiala 4	Vahiala 2	Vahiala 2		
Standard Coverages	LIMITS	Vehicle 1	Vehicle 2	Vehicle 3		
Bodily Injury Liability	\$250,000 each person / \$500,000 each accident	\$136.00 \$90.00	\$141.00 \$115.00	*		
Property Damage Liability Medical Payments	\$100,000 each accident	\$90.00	\$115.00	*		
	\$5,000 per person			*		
Uninsured Motorists Coverage	\$250,000 each person / \$500,000 each accident	\$28.00	\$35.00	*		
Underinsured Motorists Coverage	\$250,000 each person / \$500,000 each accident	\$49.00	\$60.00	¢(0.00		
Collision Deductible	\$1,000 / \$500 / \$500 \$1,000 / \$500 / \$500	\$93.00	\$241.00	\$60.00		
Comprehensive Deductible	\$1,000 / \$500 / \$500	\$96.00	\$256.00	\$35.00		
Towing and Labor Costs	\$100 / \$100 / NO COV.	\$14.00	INCL. *P	NO COV.		
Transportation Expenses	\$50/\$1500 / \$1500 / NO COV.	\$15.00	INCL. *P	NO COV.		
Enhanced Coverages						
Auto Flite Endorsements - Available	Options are Platinum, Gold and Silver					
Platinum Selected		NO COV.	\$104.00	NO COV.		
Full Safety Glass		INIOI	INCL.	NO COV.		
Original Equipment Replacement		NIO 001/	\$30.00	NO COV.		
New Vehicle Replacement		NO COV.	NO COV.	NO COV.		
Auto Loan/Lease Coverage Coll		NO COV.	INCL. *P	NO COV.		
Auto Loan/Lease Coverage Comp		NO COV.	INCL. *P	NO COV.		
Tuin late un untien		NO COV	INICL *D	NO COV		
Trip Interruption	NO COV /NO COV /NO COV		INCL. *P	NO COV.		
Excess Custom Equipment	NO COV. / NO COV. / NO COV.		NO COV.	NO COV.		
Excess Electronic Equipment		110 0014	NO COV.	NO COV.		
Tapes, Records, Discs, Media			NO COV.	NO COV.		
Limited Mexico Coverage		NO COV.	NO COV.	NO COV.		
		\$ E44.00	\$4.040.0C	* 0F CC		
Total 12 Month premium by vehicle		\$541.00	\$1,013.00	\$95.00		
* Coverage Same as auto towing this vehicle						
12 Month Policy Premium (with Electronic Payment Discount) \$1,651.00						
Discount if Paid in Full		-\$78.00				
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^{*}The State of Arizona requires a separate automobile Theft Authority Fee. That Fee is 50 cents for 6 months, per insured vehicle, and it is included in the Total Policy Premium amount.

* P Included with Platinum

*Total 12 Month Policy premium If Paid in Full**

- * G Included with Gold
- * S Included with Silver

DISCOUNTS Policy Accident-Free Yes Violation-Free Yes Homeownership No Coverage Level Yes Good Payer Yes Paid in Full No Electronic Payment Yes Loyalty No New Business Yes	VehicleYesMulti-VehicleYesNew VehicleYesAnti-Lock Braking SystemYesPassive RestraintsYesAnti-TheftYesDaytime Running LightsYes	DriverNoMature OperatorNoGood StudentNoStudent Away Without VehicleNoDriver TrainingNoAccident Prevention CourseNo
May apply to one or more vehicles	or drivers	

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^{**}Please contact your Agent to take advantage of the significant savings with our Paid in Full discount. Note: The Paid in Full and Electronic Payment discounts cannot be combined.

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PAYMENT OPTIONS

 Total Premium
 Installments**
 Deposit

 Paid in Full
 \$1,573.00*
 NA
 \$1,573.00*

 Quarterly
 \$1,651
 \$412
 \$414.00

 Monthly
 \$1,651
 \$137
 \$139.00

* Includes Paid in Full discount.

This is not a Contract or Binder of Insurance Coverage

The premium shown here is an estimate based upon the information you provided. This quoted premium is subject to change based on rates in effect at time of issuance. To apply for insurance, you must complete the application process. Your actual premium and eligibility are dependent upon third-party reports such as motor vehicle reports, insurance score, prior insurance coverage, prior claims reports and additional rating information.

Note: All applications are subject to Underwriting review and final approval prior to issuance.

Fair Credit Reporting Act Notice and Authorization:

Receipt of this quote means I authorize and acknowledge that information from outside sources may be used to provide this quote as described above. This information, along with other information I provided, may be shared with outside parties that perform services on behalf of the company identified in the APPLICANT INFORMATION box above.

Additional details about our Privacy Policy are sent once you are a policyholder.

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^{**} An installment fee will be applied to all payment plans if not paid in full.