

James & Vicky, here's your homeowners policy OY8499824.



Date prepared
07/09/2021

Policy period
07/10/2021 to 07/10/2022

Call or email me to discuss this policy.
ASK INSURANCE SERVICES LLC
1826 W BROADWAY RD STE 51
MESA, AZ 85202-1106
480-245-5048
info@askinsurancegroup.com

Prepared for
James Buchanan
Vicky Buchanan
5753 S RUSSELL RD
GLOBE, AZ 85501-4393

Property address
5753 S RUSSELL RD
GLOBE, AZ 85501-4393

Your total 12-month Safeco Optimum policy premium: \$783.00

Your coverages	Dwelling (coverage A)	Other structures (coverage B)	Personal property (coverage C)	Additional living expenses (coverage D)	Personal liability (coverage E)	Medical payments (coverage F)
Limit	\$184,600	\$18,460	\$92,300	\$36,920	\$500,000	\$5,000

Dwelling coverage (coverage A)

Provides coverage for the dwelling on the residence premises, as shown in the Policy Declarations, used principally as a private residence. Limits should reflect an amount that will allow the customer to rebuild their existing dwelling.

Other structures coverage (coverage B)

Provides coverage for fences, driveways, and walkways as well as other structures on the residence premises not attached to the dwelling.



Personal property coverage (coverage C)

Personal property coverage provides worldwide protection for your possessions in case of damage or theft. Your personal property is covered at replacement cost, which means we'll pay you the full amount that it will cost to replace your item with a brand new one.

Your deductibles	Amount
All Perils Deductible	\$1,000.00

The deductible is the amount you'll pay out of pocket for a covered loss. For example, if your covered loss is \$10,000 and your deductible is \$1,000, your claims payment would be \$9,000. Higher deductibles generally result in lower premiums but will cost you more out of pocket.

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Other and optional coverages	Limit/Ded	Premium
Sewer & Water Back-Up for Bldg & Contents	\$5,000	Included
Building Ordinance or Law Coverage	10%	Included
Service Line Endorsement	Yes	\$30.00
Extended Dwelling Coverage	25%	Included
Refrigerated Products	Yes	Included
Loss Assessment	\$5,000	Included
Matching Undamaged Siding, Roofing, Windows	\$10,000	Included
Identity Recovery Coverage	Yes	\$12.00
Personal Offense	Yes	\$13.00
Personal Property Replacement Cost	Yes	Included
Total		\$55.00

Roof Loss Settlement Type Coverage A only	Replacement Cost: 100%	Year of installation: 2020	Surfacing Material: ASPHALT
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Your discounts	Advance Quote	Account	Claim Free
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Premium Summary	Premium
Your Coverages	\$728.00
Other and optional coverages	\$55.00
Your discounts	Included You Saved \$234.00
Your total 12-month Safeco Optimum policy premium	\$783.00

Payment plan options	Down payment	Includes installment fee of	Remaining payments	Total due
Paid in full	\$721.00	\$0.00	None	\$721.00
Monthly EFT	\$62.08	\$2.00	11 at \$62.08	\$745.00
Monthly recurring credit card	\$70.25	\$5.00	11 at \$70.25	\$843.00

Additional payment plans are available. Ask your independent Safeco agent for details.



Add equipment breakdown coverage.

For only a couple dollars a month, equipment breakdown coverage will replace a covered appliance with an Energy Star® rated appliance of like kind and quality in the event of an unexpected mechanical or electrical breakdown not caused by normal wear and tear or corrosion.

Select Payment Option

Automatic Deduction (EFT)

- 1. Full Payment \$721.00 (Total Premium, no Installment Fee)
- 2. 2-Pay \$362.50 (50% down payment + \$2.00 Installment Fee)
- 3. 4-Pay \$182.25 (3 months down payment + \$2.00 Installment Fee)
- 4. Monthly Pay \$62.08 (1 month down payment + \$2.00 Installment Fee)

Recurring CC (RCC)

- 1. Full Payment \$721.00 (Total Premium, no Installment Fee)
- 2. 2-Pay \$365.50 (50% down payment + \$5.00 Installment Fee)
- 3. 4-Pay \$200.75 (3 months down payment + \$5.00 Installment Fee)
- 4. Monthly Pay \$70.25 (1 month down payment + \$5.00 Installment Fee)

Bill By Mail


- 1. Full Payment \$721.00 (Total Premium, no Installment Fee)
- 2. 2-Pay \$365.50 (50% down payment + \$5.00 Installment Fee)
- 3. 4-Pay \$200.75 (3 months down payment + \$5.00 Installment Fee)
- 4. Monthly Pay \$135.50 (2 months down payment + \$5.00 Installment Fee)

Payment Method: Debit/Credit Card (one-time charge to insured's card) Online Check (one-time deduction from insured's bank account) Agency Sweep (one-time deduction from agency's bank account) Check (use only when you have insured's check and mail to Safeco within 20 days) C.O.D. (use primarily for mortgagee-billed policy)

Payment Reference Number:

*Billing Account: New Existing

Billing Plan Due Date:

Agent: This acknowledges receipt of \$62.08 Cash Check Agent's initials 

Mail policy to: Applicant Agent

Dwelling Reconstruction Cost Estimate:
\$184,600

Dwelling Information

Address	5753 S RUSSELL RD GLOBE, AZ 85501-4393		
Year Originally Built	1939	Total Living Area	960
Construction Style	Ranch/Rambler	Dwelling Type	Single family dwelling
Number of Stories (not including attic or basement)	1		

Exterior Features

Foundation Type	Slab	Percent	100%
Land Under Foundation	Flat Slope		
Finished Attic		Sq. Ft.	None
Roof Material	Shingles, Asphalt	Percent	100%
Roof Style/Slope	Hip, Slight Pitch	Percent	100%
Exterior Walls	Stucco on Frame	Percent	100%
Garages & Carports	None		
Custom Garage Doors?	None		
Attached Structures	None		
Special Exterior Features	None		
Exterior Columns	None		

Interior Features

Kitchens	Semi-Custom	# Of	1
Baths	Full, Semi-Custom	# Of	1
Heating	Gas, Average	Percent	100%
Air Conditioning	Evaporative Cooler	# Of	1
Floor Finishes	Carpet over Hardwood, Acrylic/Nylon	Percent	80%
	Wood, Laminate/Cork		20%
Wall Finishes	Paint	Percent	90%
	Wallpaper, Vinyl		5%
	Wood Paneling		5%
Ceiling Finishes	Plaster	Percent	100%
Fireplaces	None		
Molding	Molding, Crown, Ornate	Percent	100%
Built-in Cabinetry	None		
Whole House System	None		
Special Interior Features	None		

An estimate specific to the dwelling is dependent upon the accuracy of the information provided. This estimate represents the minimum amount that may be needed to reconstruct this dwelling. A higher coverage amount may be selected.

Dwelling Information

Year Originally Built: 1939

Territory: 956020

Protection Class: 5

Construction Style: Tier:T1

Roof Material: Shingles, Asphalt

Heating: Gas, Average

Exterior Walls: Stucco on Frame

Foundation Type: Slab

Rating County: 007

Dwelling Type: Single family dwelling

Number of families: 1

Outboard Motors: # of motors: Total Horsepower: Boat Length: Ages of all Operators:

Inspection Information

Maintenance condition of dwelling:

Excellent Very good Good Average Fair Poor

Renovation Information

Plumbing Renovation None Full Partial

Year:

Roof Renovation None Full

Year: 2020

Loss Information

Number of losses in the last 5 years: 0

Date Cause of Loss Comments/Details Amount

Underwriting Questionnaire

Is the home under construction? Yes No

Is there a business on



A Liberty Mutual Company

Homeowners Policy#: OY8499824

the premises? Yes No

Are there dogs on the premises? Yes No

Are horses and/or livestock kept on the premises? Yes No

Has property insurance been cancelled, declined or non-renewed in the last 5 years? Yes No

Reason for Policy: New property customer to Safeco

Insured Information

Current property insurance carrier: American Family

Birth Date: 01/16/1938

Marital Status: Married

Co-Insured Information

Co Applicant: Vicky Buchanan

Birth Date: 05/06/1976

Relationship to Insured: Spouse

Cross References

Auto Policy Y9408568

Motorcycle Policy Y9408573



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Homeowners Policy#: OY8499824

This authorization is valid for one year from the date of signature.

PRIVACY NOTIFICATION: As described in ARIZONA revised statute 20-2104(C), a credit report or other investigative report about you may be requested in connection with this application for insurance. Any information which we have or may obtain about you or other individuals listed as policyholders on our policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

You, or your authorized representative, have the right to receive a copy of this form, have a right to see personal information collected about you, and you have the right to correct any information which may be wrong.

Also, pursuant to ARIZONA revised statute 20-2104(B), if you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, please write us at the address provided with your policy.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicant's statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying. In addition, if the auto plan or company designated in this application is non-standard, I certify that I understand the rates for this coverage are higher than normal and they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market.

AGENCY:

07/09/2021
Quote Date

DocuSigned by:
Andrea Gonzales
SC85F01EE23347C
Authorized Representative

APPLICANT:

July 27, 2021
Date

Vickya Buchanan
Applicant's Signature



ASK INSURANCE

A member of CLI Select Agencies and Transamerica Financial
2200 E Williams Field Road #200 Gilbert, AZ 85295
(p)480-245-5048 (f)928-597-5144

AUTHORIZATION FOR CONSUMER REPORTS

Consumer reports may be obtained as part of the evaluation of my insurance application with ASK Insurance Services LLC. The reports obtained may include but are not limited to your Motor Vehicle Report (MVR), Comprehensive Loss Underwriting Exchange (C.L.U.E.) Report, and your insurance score which are all part of public record. These reports and the information within them may be used to determine eligibility and price. Due to the importance of the information included in these lists, it may be necessary to confirm certain details to determine your eligibility. By signing below, you not only authorize ASK Insurance Services LLC to obtain these reports, but also agree to provide explanations for any discrepancies between the information I have provided, and the information found in the reports. I also acknowledge that knowingly providing false information in **ANY** form may result in denial of application, claim, or services.

Signed: James W. Buchanan Date: 7/28/21
James Buchanan



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OTHER AVAILABLE SERVICES

JWB **FLOOD INSURANCE** – I am not purchasing flood insurance at this time, because the property I am insuring is not in a flood plain. I understand that if a flood insurance policy is required, it can affect the insurability of my property. Furthermore, I agree to provide ASK Insurance with an updated declarations page for my current flood insurance policy if obtained from an outside source now or any time while my property insurance is with ASK Insurance.

JWB **FIRE SUBSCRIPTION** – I am not subscribing to fire protection service through Rural Metro because the property that I am insuring is in a municipality with responding fire services. I understand that ASK Insurance group has the right to verify my subscription status at any time. If my subscription is found to be not in good standing, it is the responsibility of ASK Insurance group to immediately report it to Safeco Insurance. This may result in a change of insurability or premium.

JWB **HOMEOWNERS POLICY** – I am purchasing a homeowners insurance policy from Safeco Insurance because I have made the recommended changes to my policy. I understand that this type of policy covers my belongings **worldwide**, and without it, I have no protection for my items in my home, my vehicle, my suitcase, or on my person.

JWB **AUTO POLICY** – I am purchasing an auto insurance policy from Safeco Insurance because I have made the recommended changes to my policy. I understand that the State of Arizona is a mandatory insurance state and that if my vehicle is not in working order, but has valid registration, I am still required to carry liability insurance.

JWB **HEALTH INSURANCE** – I am not purchasing health insurance through ASK Insurance Services LLC because I have health insurance. I understand that, if I do not carry qualified health insurance, I may be subject to penalties. I also understand that a major health issue or emergency without proper health coverage may be financially devastating.

JWB **LIFE INSURANCE** – I am not purchasing life insurance through ASK Insurance Services LLC, because I am not interested at this time. I understand that the primary purpose of life insurance is to reduce or eliminate my financial responsibility in the event of my death. Paired with additional products, it may also reduce or eliminate my financial responsibilities in the event of a critical illness or life-altering event which reduces my ability to partake in daily activities of living.

JWB **UMBRELLA POLICY** – I am not purchasing an umbrella insurance policy at this time, because my underlying limits are not high enough. I understand that the primary purpose of an umbrella policy is to extend coverage above and beyond my underlying liability limits. Any



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changes to underlying policies may affect my eligibility and must be disclosed to ASK Insurance Services LLC immediately.

DO NOT SIGN UNTIL YOU READ

Signed: James W. Buchanan Date: 7/28/21
James Buchanan

Attached to application dated: 7/7/2021



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DOWN PAYMENT AUTHORIZATION

Name: James Buchanan

Method: Credit Card

Down Payment: \$160.24 auto, \$15 atv & \$62.08 home

Company: Safeco Insurance

Authorization date: 7/7/2021

Effective date: 7/7/2021 auto & atv, 7/10/21 home

Terms

I authorize Safeco Insurance to do a one-time payment using the above-mentioned method to pay the down payment for my insurance policies. The method I would like to use for all subsequent payments is EFT.

DO NOT SIGN UNTIL YOU READ

Signed: James W. Buchanan Date: 7/28/21
James Buchanan



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RECURRING PAYMENT AUTHORIZATION

Name: James Buchanan

Method: EFT

Day of the month: 7th

Company: Safeco Insurance

Authorization date: 7/7/2021

Effective date: 7/7/2021

Terms

I authorize Safeco Insurance to deduct payments from my account through the company's reoccurring payments program using the above-mentioned method.

DO NOT SIGN UNTIL YOU READ

Signed:

James W. Buchanan
James Buchanan

Date:

7/28/21



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CANCELLATION NOTICE

To: American Family Insurance

Insurance policy request for: James Buchanan

Policy Number: 612-123-059-07 & 613-193-028-42

Effective Cancellation Date: 7/7/2021

Thank you for your prompt handling of this request. Please mail a confirmation of cancellation to me at the home address on file.

DO NOT SIGN UNTIL YOU READ

Signed:

James W Buchanan
James Buchanan

Date:

7/28/21



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CANCELLATION NOTICE

To: American Family Insurance

Insurance policy request for: James Buchanan

Policy Number: 02-PH-7402-01-61-PHO3-AZ

Effective Cancellation Date: 7/10/2021

Thank you for your prompt handling of this request. Please mail a confirmation of cancellation to me at the home address on file.

DO NOT SIGN UNTIL YOU READ

Signed: James W. Buchanan Date: 7/28/21
James Buchanan