

Ask Insurance Services, LLC
1826 W Broadway Rd Ste 51
Mesa, AZ 85202-1106

Quote Date: 09/02/2021
Quote Number: 1291570985
Effective Date: 09/23/2021
Expiration Date: 09/23/2022
Offering: Protection Plus

Named Insured

MERIT PERRY

12447 W VERNON AVE
AVONDALE, AZ 85392

Contact your independent
agent at (480) 245-5048

Total Policy Premium

\$1,857.29

Your Covered Drivers

| Driver Name | Gender | Marital Status | Relationship to Named Insured | Driver Status |
|-------------|--------|----------------|-------------------------------|---------------|
| Merit Perry | Male | Single | Self | Rated |

Your Policy Level Coverages

| Coverage | Limit/Deductible | Premium |
|--|---|----------|
| Bodily Injury | \$250,000 per person/ \$500,000 per accident | \$332.30 |
| Property Damage | \$100,000 | \$160.34 |
| Uninsured Motorist Bodily Injury | \$250,000 per person/ \$500,000 per accident | \$147.86 |
| Underinsured Motorist Bodily Injury | \$250,000 per person/ \$500,000 per accident | \$53.03 |
| Roadside Assistance Coverage | 100 Miles | \$40.04 |
| AutoXtended® Plus | Included | Included |

**Veh 1: 2016 MERCEDES-E350
WDDHF5KB7GB270201**

Your Vehicle Coverages

| Coverage | Limit/ Deductible | Premium |
|--|----------------------|-------------------|
| Other Than Collision | \$500 | \$345.63 |
| Full Safety Glass | Included | Included |
| Collision | \$500 | \$649.48 |
| Transportation Expenses | 50/1500 | \$26.65 |
| Original Equipment Manufacturer Parts | Included | \$100.96 |
| Total Premium | | \$1,856.29 |

**Veh 1: 2016 MERCEDES-E350
WDDHF5KB7GB270201**

The premium shown is based on the data you have provided us. Please be advised the quoted premium is subject to change if any information is amended prior to issuing the policy or if a state rate change is implemented on or before the effective date of the quote.

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Taxes and Fees

Veh 1: 2016 MERCEDES
E350
WDDHF5KB7GB270201

| | Amount |
|---|---------------|
| Arizona Automobile Theft Authority Fund Fee | \$1.00 |
| Total Taxes and Fees | \$1.00 |

Your Discounts Applied

- ◆ Multi-Policy Discount
- ◆ State Auto Startup Discount
- ◆ Anti-Theft Device Discount - Veh # 1

Payment Option

You have selected **Monthly Pay** option.

**IMPORTANT NOTICE
TO ALL ARIZONA POLICYHOLDERS**

NOTICE OF FEE SCHEDULE

Pursuant to Arizona laws, written notice of the possible fees to be charged, along with the services to which they pertain, must be provided to, and acknowledged by, an insured at or before delivery of a property or casualty insurance policy. Below is a listing of the maximum fees which could be applicable during the initial term of your policy or any amendments, continuations, changes, or renewals thereafter.

| FEE TYPE | MAXIMUM FEE |
|--------------------------|--------------------|
| Non-Sufficient Funds Fee | \$ 25.00 |

Please understand that while the fees may vary, those fees shown above reflect the maximum fees which will be charged. Failure to pay such fees may result in cancellation, nonrenewal, failure to reinstate, or termination of the policy.

Applicant's Acknowledgement and Acceptance of Fee Schedule

Your signature constitutes your Acknowledgement and Acceptance of the fee schedule. Should any of the fees listed above change, we will notify you of these changes, in writing, at your next renewal. Your payment of your renewal premium, and any related fees as described above, represents your Acknowledgement and Acceptance of those new fees.

Signature of Named Insured

Date

Policy Number: