

Dear Laylan Turner,

Based on the information you provided to us for a **12 month** policy effective 09/26/2022 to 09/26/2023, your estimated total premium is

Mailing Address

1901 W DEUCE OF CLUBS, APT #142
SHOW LOW, AZ 85901-6951

\$3,366.00

with an estimated down payment amount of **\$280.39**

*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 09/12/2022 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 and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

Coverages

Coverages	Limits or Deductibles	2016 TOYOT COROLLA L/
Liability	100,000/300,000	\$960.00
Property Damage	100,000	\$384.00
Uninsured Motorists	100,000/300,000	\$143.00
Underinsured Motorists	100,000/300,000	\$66.00
Medical Payments	5,000	\$214.00
Comprehensive	500	\$442.00
Glass Deductible	0	Incl
Collision	500	\$1,098.00
Rental	50/1,500	\$34.00
Personal Property Covg	500	Pkg
Roadside Assistance Coverage	100	Pkg
Trip Interruption Coverage		Pkg
Premier Roadside Assistance		\$25.00
TOTAL PER VEHICLE		\$3,366.00

Discounts & Advantages

Early Quote	Continuous Ins	EFT
Good Payer	Multi-Policy	
Your Total Savings Reflected in Your Total Premium:		\$1578.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Laylan		Single	Licensed		N	N	N

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2016 TOYOT COROLLA L/ 2T1BURHE6GC533973	Commute	N	Y	Y	\$3,366.00

Accidents, Violations, and Losses


Driver	Description	Amount	Date
Laylan	Speed 1-5		10/29/2021



ASK INS SERVICES LLC
1826 W BROADWAY RD STE 51
MESA, AZ 85202
Phone: 1.480.245.5048 | Fax: (928) 597-5144

Name and Mailing Address
LAYLAN TURNER
1901 W DEUCE OF CLUBS # 142
SHOW LOW, AZ 85901-6951

The quote below is based on information you provided to us for a **12-month policy**, effective 09/26/22 to 09/26/23.

YOUR TENANT QUOTE  \$180.00 <small>estimated for 12 months</small> <hr/> <small>with an estimated down payment amount of \$14.99</small>	Residence Premises 1901 W Deuce Of Clubs #142 Show Low, AZ 85901-6951
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Coverages

Coverage	Limit
Coverage C – Personal Property	\$25,000
Coverage D – Loss of Use	\$7,500
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$300,000
Coverage F – Medical Payments to Others (each person)	\$5,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	\$500

Coverage Level

Your coverage level is Travelers Protect[®]. If you have any questions, please contact your agent at 1.480.245.5048.

Additional Coverages

Additional Coverages	Limit
Loss Assessment	\$5,000

Optional Packages

	Endorsement	Limit	Premium
Additional Coverage Package			Included*
Special Personal Property Coverage	HQ-015 CW (02-21)		
Personal Injury Coverage	HQ-082 CW (02-19)		
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (02-21)		
Refrigerated Property Coverage	HQ-498 CW (05-17)	\$500	

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

Estimated Tenant Premium **\$180.00**

Discounts

The following discounts reduced your premium:

Multi-Policy	Loss Free	Good Payer
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Savings Reflected in Your Total Premium: **\$55.00**



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	\$15.00	\$15.00	\$15.00
Monthly Service Charge	\$2.00	\$4.00	\$5.00
Total Monthly Amount	\$17.00	\$19.00	\$20.00

Insurance is underwritten by TRAVELERS PERSONAL INSURANCE COMPANY, a subsidiary or affiliate of The Travelers Indemnity Company, One Tower Square, Hartford, CT 06183.

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