

Dear Sheila Steinle,

Based on the information you provided to us for a **12 month** policy effective 05/01/2022 to 05/01/2023, your estimated total premium is

Mailing Address
 20222 N OXBOW LN
 MARICOPA, AZ 85138-3431

\$2,368.00

with an estimated down payment amount of **\$197.25**

*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 04/01/2022 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	2019 HYUND ELANTRA SE	2013 HYUND ELANTRA GL
Liability	250,000/500,000	\$399.00	\$334.00
Property Damage	100,000	\$148.00	\$140.00
Uninsured Motorists	250,000/500,000	\$192.00	\$155.00
Underinsured Motorists	250,000/500,000	\$89.00	\$72.00
Comprehensive	500 500	\$103.00	\$66.00
Glass Deductible	0 0	Incl	Incl
Collision	500 500	\$380.00	\$182.00
Rental	50/1,500 50/1,500	\$31.00	\$31.00
Personal Property Covg	500 500	Pkg	Pkg
Roadside Assistance Coverage	100 100	Pkg	Pkg
Trip Interruption Coverage		Pkg	Pkg
Premier Roadside Assistance		\$23.00	\$23.00
TOTAL PER VEHICLE		\$1,365.00	\$1,003.00

Discounts & Advantages

Early Quote	Continuous Ins	EFT
Good Payer	Multi-Car	Multi-Policy
Safe Driver		

Your Total Savings Reflected in Your Total Premium: \$2116.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Sheila	12/18/1946	Married	Licensed			N	N
John	11/27/1944	Married	Licensed			N	N

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2019 HYUND ELANTRA SE 5NPD84LF6KH441395	Commute	N	Y	Y	\$1,365.00
2013 HYUND ELANTRA GL KMHDH4AE4DU597305	Business	N	Y	Y	\$1,003.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
Sheila	Accident-not at fault		05/21/2020
John	Accident-not at fault	\$5,405.00	12/18/2020
	OTHER COMP	\$60.00	06/15/2018




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

SHEILA STEINLE
JOHN C STEINLE
20222 N OXBOW LN
MARICOPA, AZ 85138-3431

The quote below is based on information you provided to us for a **12-month policy**, effective 05/01/22 to 05/01/23.

<p>YOUR HOME QUOTE</p>  <p>\$824.00 <small>estimated for 12 months</small></p> <hr/> <p>with an estimated down payment amount of \$68.64</p>	<p>Residence Premises</p> <p>20222 N Oxbow Ln Maricopa, AZ 85138-3431</p>
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Coverages

Coverage	Limit
Coverage A – Dwelling	\$296,000
Coverage B – Other Structures	\$29,600
Coverage C – Personal Property	\$148,000
Coverage D – Loss of Use	\$59,200
Coverage E – Personal Liability - Bodily Injury and Property Damage (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

Coverage Level

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

Optional Packages

	Endorsement	Limit	Premium
Additional Coverage Package			Included*
Special Personal Property Coverage	HQ-015 CW (05-17)		
Personal Injury Coverage	HQ-082 CW (02-19)		
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (05-17)		
Additional Replacement Cost Protection Coverage 50% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	\$148,000	
Refrigerated Property Coverage	HQ-498 CW (05-17)	\$500	
Loss Assessment	Increased Limit	\$50,000	
Buried Utility Lines and Equipment Breakdown Package			\$55.00
Equipment Breakdown Coverage	HQ-855 CW (05-17)	\$50,000	
Buried Utility Lines Coverage	HQ-856 CW (02-19)	\$20,000	

Optional Coverages

	Endorsement	Limit	Premium
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-18)	\$10,000	Included*

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

Estimated Home Premium **\$824.00**

Discounts

The following discounts reduced your premium:

Multi-Policy	Early Quote	Loss Free
Good Payer	Fire Protective Device	

Savings Reflected in Your Total Premium: **\$287.00**

Information Used to Determine Your Premium

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

# of Families: 1 Family	Year Built: 2006	Construction Type: Frame
# of Stories: 1	Square Footage: 1761	Siding Type: Stucco
# of Bathrooms: 2	Age of Roof: 16	Roof Material Type: Clay or Concrete Tile
Garage - Number of Cars: 2	Garage Type: Attached	Foundation Type: Slab
# of Employees: 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	\$68.67	\$68.67	\$68.67
Monthly Service Charge	\$2.00	\$4.00	\$5.00
Total Monthly Amount	\$70.67	\$72.67	\$73.67

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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