



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

Personal Umbrella Liability

Quote Proposal

Quote Date: 05/18/2022
Quote Number: 8427954131
Effective Date: 05/27/2022
Expiration Date: 05/27/2023

Named Insured

Elma Sheets
3832 S Bridal Vail Dr
GILBERT, AZ 85297

Contact your independent
agent at (480) 245-5048

Total Policy Premium

\$688.75

Your Coverages

Coverage	Limit	Premium
Personal Umbrella Liability Coverage	\$1,000,000	\$223.25
Uninsured Motorists Coverage Excess	\$1,000,000	\$185.25
Underinsured Motorists Coverage Excess	\$1,000,000	\$280.25

Additional Coverages and Charges

Coverage	Number	Premium
Vehicle Exposure	5	Included
Licensed Vehicle Operators	2	Included
Dwelling	1	Included
Annual Premium		\$688.75

Payment Option

You have selected *Monthly Pay* option.

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.

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, 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	FEE
Non-Sufficient Funds Fee	\$ 25.00
Late Payment Fee	\$ 15.00

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: