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**Name and Mailing Address**  
STEPHEN DICKSON  
21211 S 142ND ST  
CHANDLER, AZ 85286-9318

The quote below is based on information you provided to us for a **12-month policy**, effective 05/13/22 to 05/13/23.

#### YOUR LANDLORD DWELLING QUOTE



**\$907.00**

estimated for  
12 months

with an estimated down payment amount of \$75.55

#### Residence Premises

4502 E Willet St  
Gilbert, AZ 85295-5815

### Coverages

Coverage	Limit
Coverage A – Dwelling	\$272,000
Coverage B – Other Structures	\$27,200
Coverage C – Household Furnishings	\$2,000
Coverage D – Loss of Use	\$30,000
Coverage E – Premises Liability (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



### Optional Coverages

	<b>Endorsement</b>	<b>Limit</b>	<b>Premium</b>
<b>Special Coverage</b>	HQ-003 CW (05-18)		Included*
<b>Water Back Up and Sump Discharge or Overflow Coverage</b>	HQ-208 CW (08-20)	\$5,000	Included*
<b>Household Furnishings Replacement Cost Loss Settlement Landlord</b>	HQ-859 CW (11-18)		Included*

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

**Estimated Landlord Dwelling Premium** **\$907.00**

### Discounts

The following discounts reduced your premium:

Loss Free                                      Good Payer                                      Fire Protective Device

**Savings Reflected in Your Total Premium:** **\$227.00**

### 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: 2004	Construction Type: Frame
# of Stories: 1	Square Footage: 1524	Siding Type: Stucco
# of Bathrooms: 2	Age of Roof: 18	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.

	<b>EFT</b>	<b>RCC</b>	<b>Bill by Mail/Email</b>
Monthly Installment Premium	\$75.59	\$75.59	\$75.59
Monthly Service Charge	\$2.00	\$4.00	\$5.00
<b>Total Monthly Amount</b>	<b>\$77.59</b>	<b>\$79.59</b>	<b>\$80.59</b>

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

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 04/26/2022 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. Coverage, discounts and other features are subject to state availability and individual eligibility.