




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

JOSHUA MURRAY
 ALLISON GROSCH
 18486 N SMITH DR
 MARICOPA, AZ 85139-6861

The quote below is based on information you provided to us for a **12-month policy**, effective 11/12/22 to 11/12/23.

<p>YOUR TENANT QUOTE</p>  <p>\$458.00 estimated for 12 months</p> <hr/> <p>with an estimated down payment amount of \$38.15</p>	<p>Residence Premises</p> <p>18486 N Smith Dr Maricopa, AZ 85139-6861</p>
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Coverages

Coverage	Limit
Coverage C – Personal Property	\$40,000
Coverage D – Loss of Use	\$12,000
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 (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	\$458.00
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Discounts

The following discounts reduced your premium:

Multi-Policy	Loss Free	Good Payer
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Savings Reflected in Your Total Premium:	\$244.00
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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	\$38.17	\$38.17	\$38.17
Monthly Service Charge	\$2.00	\$4.00	\$5.00
Total Monthly Amount	\$40.17	\$42.17	\$43.17



Tenant Quote for Joshua Murray continued

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 10/17/2022 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.

Dear Joshua Murray,

Based on the information you provided to us for a **12 month** policy effective 11/12/2022 to 11/12/2023, your estimated total premium is

Mailing Address

18486 N SMITH DR
MARICOPA, AZ 85139-6861

\$4,361.00

with an estimated down payment amount of **\$726.98**

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Coverages

Coverages	Limits or Deductibles	2014 FORD FLEX SEL	2021 CHEVR COLORADO E
Liability	100,000/300,000	\$655.00	\$580.00
Property Damage	100,000	\$248.00	\$284.00
Uninsured Motorists	100,000/300,000	\$194.00	\$135.00
Underinsured Motorists	100,000/300,000	\$90.00	\$64.00
Medical Payments	5,000	\$122.00	\$77.00
Comprehensive	1,000 500	\$353.00	\$437.00
Glass Deductible	0 0	Incl	Incl
Collision	1,000 500	\$395.00	\$609.00
Rental	50/1,500 50/1,500	\$34.00	\$34.00
Personal Property Covg	500 500	Pkg	Pkg
Roadside Assistance Coverage	100 100	Pkg	Pkg
Trip Interruption Coverage		Pkg	Pkg
Premier Roadside Assistance		\$25.00	\$25.00
TOTAL PER VEHICLE		\$2,116.00	\$2,245.00

Discounts & Advantages

New Car	Early Quote	Continuous Ins
EFT	Good Payer	Multi-Car
Multi-Policy		
Your Total Savings Reflected in Your Total Premium:		\$2500.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Joshua		Married	Licensed				
Allison		Married	Licensed				

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2014 FORD FLEX SEL 2FMGK5C8XEED14361	Commuter	N	Y	Y	\$2,116.00
2021 CHEVR COLORADO E 1GCHSCEA9M1293591	Business	N	Y	Y	\$2,245.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
Allison	Accident	\$1,419.00	05/07/2022
Allison	Accident-not at fault	\$1,000.00	10/11/2021
Allison	Speed 1-5		07/08/2021
	OTHER COMP	\$403.00	07/02/2022
	OTHER COMP	\$430.00	05/28/2022
	OTHER COMP		03/31/2021
	OTHER COMP	\$700.00	05/31/2020