## ASK INS SERVICES LLC 1826 W BROADWAY RD STE 51

MESA, AZ 85202

Phone: 480-245-5048 | Fax: 928-597-5144



Dear Gail Tucker,

Based on the information you provided to us for a **12 month** policy effective 12/18/2022 to 12/18/2023, your estimated total premium is

Mailing Address 1480 E PECOS RD, APT #3066 GILBERT, AZ 85295-1847

\$1,482.00

with an estimated down payment amount of \$247.05

\*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 12/15/2022 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.

		Coverage
		2015 FORD
Coverages	Limits or Deductibles	FOCUS S
Liability	100,000/300,000	\$517.00
Property Damage	100,000	\$199.00
Uninsured Motorists	100,000/300,000	\$181.00
Underinsured Motorists	100,000/300,000	\$83.00
Medical Payments	5,000	\$58.00
Comprehensive	500	\$127.00
Glass Deductible	0	Incl
Collision	500	\$258.00
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		\$1,482.00

Discounts	&	Adv	antages
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Early Quote Continuous Ins EFT

Good Payer Multi-Policy Safe Driver

Your Total Savings Reflected in Your Total Premium: \$922.00



		Driver Q	uote Details	5			
Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Gail	04/**/1960	Single	Licensed				
CHAUNTEL	12/**/1992		Excluded				

Vehicle Quote Details						
Vehicle & VIN	Use	Anti- Theft	Anti- Lock	Passive Restraint	Vehicle Premium	
2015 FORD FOCUS S 1FADP3E26FL314824	Commute	N	Υ	Υ	\$1,482.00	

	Accidents, Violations, and Losses		
Driver	Description	Amount	Date
	OTHER COMP	\$489.00	05/01/2021



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 GAIL TUCKER 1480 E PECOS RD GILBERT, AZ 85295-1827

The quote below is based on information you provided to us for a 12-month policy, effective 12/18/22 to 12/18/23.

# \$187.00 estimated for 12 months with an estimated down payment amount of \$15.58

#### Residence Premises

1480 E Pecos Rd Gilbert, AZ 85295-1827

# Coverages

Coverage	Limit
Coverage C – Personal Property	\$50,000
Coverage D – Loss of Use	\$15,000
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<sup>®</sup>. 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	

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

## **Estimated Tenant Premium**

\$187.00

#### **Discounts**

The following discounts reduced your premium:

Multi-Policy Loss Free Good Payer

# Savings Reflected in Your Total Premium:

\$65.00

### **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	\$15.58	\$15.58	\$15.58	
Monthly Service Charge	\$2.00	\$4.00	\$5.00	
Total Monthly Amount	\$17.58	\$19.58	\$20.58	



#### Tenant Quote for Gail Tucker continued

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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PL-50347 (05-17) CCF # 0000520616833