

THE MAIN STREET AMERICA GROUP



PERSONAL AUTOMOBILE QUOTE SUMMARY

AGENT INFORMATION

Name: ASK INSURANCE SERVICES LLC Agency Code: 02 1170005
Address: 1826 W BROADWAY RD STE 51 Phone Number: 480 - 245 - 5048

MESA, AZ 85202 Email: info@askinsurancegroup.com

APPLICANT INFORMATION Phone Number Proposed Effective Date Quote

CHRISTINA SMALL 7158216132 03/01/2023 to 03/01/2024 1001 168 3008119

40315 W BRAVO DR

MARICOPA, AZ 85138 **Date Prepared:** 02/21/2023 2:01 P.M.

Email: acbaasmall@gmail.com Quote Status: Verified Quote

Company: Main Street America Protection Insurance Company

Insurance Score Group: A19 Tier: 13 Total 12 Month Premium \$1,722 (Paid in Full)

DRIVER INFORMATION

DriverAgeMarital StatusLicense Number1 CHRISTINA SMALL40MarriedW036196922 ANTONIO SMALL40MarriedG88018439

List all residents and dependents (licensed or not) and regular drivers (at residence or not).

| VEHICLE INFORMATION | | | | | | | | | | | | | |
|---------------------|---|------|---------------|-----------|-------------------|---------|---------|------|------|--------------|-------------|--|--|
| | | | | | | | Symbols | | | | | | |
| | | Year | Make | Model | VIN | Med/PIP | Liab | Comp | Coll | Garaging Zip | Vehicle Use | | |
| | 1 | 2009 | CHEVROLE T | AVALANCHE | 3GNFK32329G138006 | 480 | 310 | 17 | 17 | 85138 | Work 15+ mi | | |
| | 2 | 2012 | CHEVROLE T | SUBURBAN | 1GNSKKE77CR162722 | 485 | 305 | 24 | 17 | 85138 | Work 15+ mi | | |

| | HOUSEHOLD | DRIVING / | LOSS EXPERIENC | Е |
|--|-----------|-----------|----------------|---|
|--|-----------|-----------|----------------|---|

Driver Incident Type Accident/Incident Date Description

ANTONIO SMALL Accident 08/17/2021 Non-Fault; with payment ANTONIO SMALL Accident 08/17/2021 Non-Fault; with payment

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| COVERAGE | LIMITO | | DDEMII IMC | |
|----------|--------|------|------------|--|
| COVERAGE | | AIND | PREMIUMS | |

| Standard Coverages Bodily Injury Liability Property Damage Liability Medical Payments Uninsured Motorists Coverage Underinsured Motorists Coverage Collision Deductible Comprehensive Deductible Towing and Labor Costs Transportation Expenses | LIMITS \$250,000 each person / \$500,000 each accident \$250,000 each accident \$5,000 per person \$250,000 each person / \$500,000 each accident \$250,000 each person / \$500,000 each accident \$500 / \$500 \$500 / \$500 \$100 / \$100 \$1500 / \$1500 | Vehicle 1 \$214.00 \$156.00 \$31.00 \$47.00 \$81.00 \$151.00 \$113.00 INCL. *P INCL. *P | Vehicle 2 \$235.00 \$150.00 \$30.00 \$45.00 \$78.00 \$164.00 \$130.00 INCL. *P |
|---|---|--|--|
| Enhanced Coverages Auto Elite Endorsements - Available Platinum Selected Full Safety Glass Original Equipment Replacement New Vehicle Replacement Auto Loan/Lease Coverage Coll Auto Loan/Lease Coverage Comp | e Options are Platinum, Gold and Silver | \$82.00 INCL. NO COV. NO COV. INCL. *P INCL. *P | \$104.00 INCL. NO COV. NO COV. INCL. *P INCL. *P |
| Trip Interruption Excess Custom Equipment Excess Electronic Equipment Tapes, Records, Discs, Media Limited Mexico Coverage Total 12 Month premium by vehicle | NO COV. / NO COV. | INCL. *P NO COV. NO COV. NO COV. NO COV. | INCL. *P NO COV. NO COV. NO COV. NO COV. |

| 12 Month Policy Premium (with Electronic Payment Discount) | \$1,813.00 |
|--|------------------|
| Discount if Paid in Full | - \$91.00 |
| *Total 12 Month Policy premium If Paid in Full** | \$1,722.00 |

^{*}The State of Arizona requires a separate automobile Theft Authority Fee. That Fee is 50 cents for 6 months, per insured vehicle, and it is included in the Total Policy Premium amount.

- * P Included with Platinum
- * G Included with Gold
- * S Included with Silver

| DISCOUNTS Policy Accident-Free Violation-Free Homeownership Coverage Level Good Payer Paid in Full Electronic Payment Loyalty New Business | Yes Yes Yes Yes No Yes No | Vehicle Multi-Vehicle New Vehicle Anti-Lock Braking System Passive Restraints Anti-Theft Daytime Running Lights | No Yes Yes Yes | Driver Mature Operator Good Student Student Away Without Vehicle Driver Training Accident Prevention Course | No No No |
|--|---|---|-------------------------|---|----------------|
| May apply to one or more ve | hicles | or drivers | | | |

^{**}Please contact your Agent to take advantage of the significant savings with our Paid in Full discount. Note: The Paid in Full and Electronic Payment discounts cannot be combined.

PAYMENT OPTIONS

| | i otai Premium | Installments** | Deposit |
|--------------|----------------|----------------|-------------|
| Paid in Full | \$1,722.00* | NA | \$1,722.00* |
| Quarterly | \$1,813 | \$453 | \$455.00 |
| Monthly | \$1,813 | \$151 | \$153.00 |
| | | | |

^{*} Includes Paid in Full discount.

This is not a Contract or Binder of Insurance Coverage

The premium shown here is an estimate based upon the information you provided. This quoted premium is subject to change based on rates in effect at time of issuance. To apply for insurance, you must complete the application process. Your actual premium and eligibility are dependent upon third-party reports such as motor vehicle reports, insurance score, prior insurance coverage, prior claims reports and additional rating information.

Note: All applications are subject to Underwriting review and final approval prior to issuance.

Fair Credit Reporting Act Notice and Authorization:

Receipt of this quote means I authorize and acknowledge that information from outside sources may be used to provide this quote as described above. This information, along with other information I provided, may be shared with outside parties that perform services on behalf of the company identified in the APPLICANT INFORMATION box above.

Additional details about our Privacy Policy are sent once you are a policyholder.

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^{**} An installment fee will be applied to all payment plans if not paid in full.