

ASK INS SERVICES LLC 1826 W BROADWAY ROAD STE. 51 MESA, AZ 85202

Phone: 1.480.245.5048 | Fax: (928) 597-5144

Name and Mailing Address JAMES GOMEZ 3531 ENCANTO ST CASA GRANDE, AZ 85122

The quote below is based on information you provided to us for a 12-month policy, effective 04/14/23 to 04/14/24.

YOUR HOME QUOTE



\$720.00

estimated for 12 months

with an estimated down payment amount of \$59.98

Residence Premises

3531 Encanto Street Casa Grande, AZ 85122

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Coverages

Coverage	Limit
Coverage A – Dwelling	\$279,000
Coverage B – Other Structures	\$27,900
Coverage C – Personal Property	\$139,500
Coverage D – Loss of Use	\$55,800
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
Enhanced Wa	ter Package			Included*
Water Back U	p and Sump Discharge or Overflow Coverage	HQ-208 CW (08-20)	\$10,000	
Limited Hidde Coverage	n Water or Steam Seepage or Leakage	HQ-209 CW (08-18)	\$20,000	
Premier Addit	ional Coverage Package			Included*
Debris Remov Additional	val % of damaged covered property limit	Increased Limit	100%	
Tree Remova	I	Increased Limit	\$1,500	
	s and Other Plants overage A - Dwelling Limit and \$1,000 Per	Increased Limit	\$27,900	
Loss Assessm	nent	Increased Limit	\$50,000	
Ordinance or 100% of C	Law overage A - Dwelling Limit	Increased Limit	\$279,000	
Special Perso	nal Property Coverage	HQ-015 CW (02-21)		
Personal Injur	y Coverage	HQ-082 CW (02-19)		
Personal Prop	perty Replacement Cost Loss Settlement	HQ-290 CW (02-21)		
	olacement Cost Protection Coverage overage A - Dwelling Limit	HQ-420 CW (11-18)	\$279,000	
	Cost Loss Settlement for Certain Structures on the Residence Premises	HQ-443 CW (11-18)		
Identity Fraud	Expense Reimbursement Coverage	HQ-455 CW (08-20)	\$25,000	
Refrigerated F	Property Coverage	HQ-498 CW (05-17)	\$5,000	
Lock Replace	ment Coverage	HQ-851 CW (05-17)	\$1,000	
Reward Cove	rage	HQ-852 CW (05-17)	\$2,500	
Business Rec	ords and Data Replacement Coverage	HQ-853 CW (05-17)		
On the Re	esidence Premises		\$15,000	
Off the Re	esidence Premises		\$5,000	
Land Stabiliza	tion Coverage	HQ-854 CW (05-17)	\$10,000	
Home Settlem	nent Benefit	HQ-901 CW (11-18)		
Buried Utility Package	Lines and Equipment Breakdown			\$55.00
_	eakdown Coverage	HQ-855 CW (05-17)	\$50,000	
Buried Utility I	Lines Coverage	HQ-856 CW (08-20)	\$20,000	

^{*}Note: The additional cost for any optional coverage or endorsement shown as "Included" is contained in the Estimated Home Premium.

Estimated Home Premium	\$720.00
	Ψ/20.00





Discounts

The following discounts reduced your premium:

Early Quote Loss Free Good Payer

Fire Protective Device

Savings Reflected in Your Total Premium:

\$182.00

Information Used to Determine Your Premium

There are many factors that determine the premium on your quote, some of which are displayed below.

Year Built: 2023	Garage Type: Attached	Pool: No
# of Families: 1 Family	Square Footage: 1432	Age of Roof: 00
# of Stories: 1	Construction Type: Frame	Roof Material Type: Clay or Concrete Tile
# of Bathrooms: 2	Siding Type: Stucco	
# of Employees: 00	Foundation Type: Slab	

Garage - Number of Cars: 2 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.

	EFT	RCC	Bill by Mail/Email
Monthly Installment Premium	\$60.00	\$60.00	\$60.00
Monthly Service Charge	\$2.00	\$4.00	\$5.00
Total Monthly Amount	\$62.00	\$64.00	\$65.00



Home Quote for James Gomez 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 03/21/2023 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.

PL-50347 (05-17) 4 CCF # 0003565605833