

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 YOLANDA MATUS ALEXANDREA PANTOJA 45653 W MEADOWS LN MARICOPA, AZ 85139-6781

The quote below is based on information you provided to us for a 12-month policy, effective 09/01/23 to 09/01/24.

#### YOUR HOME QUOTE



\$2,222.00

estimated for 12 months

with an estimated down payment amount of \$185.09

#### **Residence Premises**

45653 W Meadows Ln Maricopa, AZ 85139-6781

1

## Coverages

Coverage	Limit
Coverage A – Dwelling	\$355,000
Coverage B – Other Structures	\$35,500
Coverage C – Personal Property	\$177,500
Coverage D – Loss of Use	\$71,000
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  $Protect^{\circ}$ . If you have any questions, please contact your agent at 1.480.245.5048.



# **Optional Packages**

		Endorsement	Limit	Premium
Enhanced Water Package				Included*
	Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-20)	\$10,000	
	Limited Hidden Water or Steam Seepage or Leakage Coverage	HQ-209 CW (08-18)	\$20,000	
Pr	emier Additional Coverage Package			Included*
	Debris Removal Additional % of damaged covered property limit	Increased Limit	100%	
	Tree Removal	Increased Limit	\$1,500	
,	Trees, Shrubs and Other Plants 10% of Coverage A - Dwelling Limit and \$1,000 Per Tree	Increased Limit	\$35,500	
	Loss Assessment	Increased Limit	\$50,000	
	Ordinance or Law 100% of Coverage A - Dwelling Limit	Increased Limit	\$355,000	
	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)		
	Additional Replacement Cost Protection Coverage 100% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	\$355,000	
	Replacement Cost Loss Settlement for Certain Non-Building Structures on the Residence Premises	HQ-443 CW (11-18)		
	Identity Fraud Expense Reimbursement Coverage	HQ-455 CW (08-20)	\$25,000	
	Refrigerated Property Coverage	HQ-498 CW (05-17)	\$5,000	
	Lock Replacement Coverage	HQ-851 CW (05-17)	\$1,000	
	Reward Coverage	HQ-852 CW (05-17)	\$2,500	
	Business Records and Data Replacement Coverage	HQ-853 CW (05-17)		
	On the Residence Premises		\$15,000	
	Off the Residence Premises		\$5,000	
	Land Stabilization Coverage	HQ-854 CW (05-17)	\$10,000	
	Home Settlement Benefit	HQ-901 CW (11-18)		
	uried Utility Lines and Equipment Breakdown ackage			\$72.00
	Equipment Breakdown Coverage	HQ-855 CW (05-17)	\$50,000	
	Buried Utility Lines Coverage	HQ-856 CW (08-20)	\$10,000	

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

Estimated Home Premium	\$2,222.00
	T - ,





#### **Discounts**

The following discounts reduced your premium:

Early Quote Loss Free Good Payer

Fire Protective Device

# **Savings Reflected in Your Total Premium:**

\$778.00

### 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: 2005	Garage Type: Attached	Pool: No
# of Families: 1 Family	Square Footage: 2058	Age of Roof: 18
# 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	\$185.17	\$185.17	\$185.17
Monthly Service Charge	\$2.00	\$4.00	\$5.00
Total Monthly Amount	\$187.17	\$189.17	\$190.17



#### Home Quote for Yolanda Matus 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 08/30/2023 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 # 0003987538833