



CAROLINA INS ALLIANCE  
2007 N MAIN ST  
MOUNT AIRY, NC 27030  
Phone: 1.919.205.2421 | Fax: (919) 200-6275

**Name and Mailing Address**  
JASON PHILLIPS  
114 PINEY FOREST RD  
ROXBORO, NC 27574-6471

The quote below is based on information you provided to us for a **12-month policy**, effective 11/26/21 to 11/26/22.

### YOUR HOME QUOTE



**\$1,281.00** estimated for  
12 months

with an estimated down payment amount of \$106.71

### Residence Premises

114 Piney Forest Rd  
Roxboro, NC 27574-6471

## Coverages

Coverage	Limit
Coverage A – Dwelling	\$216,000
Coverage B – Other Structures	\$21,600
Coverage C – Personal Property	\$108,000
Coverage D – Loss of Use	\$43,200
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$500,000
Coverage F – Medical Payments to Others (each person)	\$1,000

## Deductibles

Deductible	Deductible Amount
Property Coverage Deductible (All Perils)	\$1,000

**Optional Coverages**

	<b>Endorsement</b>	<b>Limit</b>	<b>Premium</b>
<b>Limited Water Back-Up and Sump Discharge or Overflow Coverage - North Carolina</b>	HQ-208 NC (06-12)	\$10,000	Included*
<b>Specified Additional Amount of Insurance for Coverage A - Dwelling - North Carolina</b>	HQ-220 NC (06-12)	\$108,000	Included*
50% of Coverage A - Dwelling Limit			
<b>Personal Property Replacement Cost Loss Settlement</b>	HQ-290 NC (05-11)		Included*

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

**Estimated Home Premium**
**\$1,281.00**
**Discounts**

The following discounts reduced your premium:

Multi-Policy	Early Quote	Good Payer
Protective Device		

**Information Used to Determine Your Premium**

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

# of Families: 1 Family	Year Built: 2006	Construction Type: Frame
# of Stories: 1	Square Footage: 1504	Siding Type: Vinyl
# of Bathrooms: 2	Age of Roof: 15	Roof Material Type: Asphalt-Fiberglass
Garage - Number of Cars: 2	Garage Type: Attached	Foundation Type: Crawl Space
# of Employees: 00		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.

	<b>EFT</b>	<b>RCC</b>	<b>Bill by Mail/Email</b>
Monthly Installment Premium	\$106.75	\$106.75	\$106.75
Monthly Service Charge	\$2.00	\$2.00	\$3.00
<b>Total Monthly Amount</b>	<b>\$108.75</b>	<b>\$108.75</b>	<b>\$109.75</b>

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 10/26/2021 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.