

Dear KATHY STIMPSON,

Mailing Address

2954 BONITA LN
 LAKE HAVASU CITY, AZ 86403-5422

Based on the information you provided to us for a **12 month** policy effective 01/17/2023 to 01/17/2024, your estimated total premium is

\$973.00

with an estimated down payment amount of **\$162.20**

*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 01/18/2023 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 and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

Coverages

Coverages	Limits or Deductibles	2020 KIA TELLURIDE
Liability	50,000/100,000	\$329.00
Property Damage	50,000	\$126.00
Uninsured Motorists	50,000/100,000	\$66.00
Underinsured Motorists	50,000/100,000	\$30.00
Medical Payments	5,000	\$53.00
Comprehensive	500	\$103.00
Glass Deductible	0	Incl
Collision	1,000	\$233.00
Rental	40/1,200	\$24.00
Roadside Assistance Coverage	15	\$9.00
TOTAL PER VEHICLE		\$973.00

Discounts & Advantages

Digital Auto	IntelliDrive® Enroll	Early Quote
Continuous Ins	EFT	Good Payer
Multi-Policy	Safe Driver	
Your Total Savings Reflected in Your Total Premium:		\$730.00

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
KATHY	04/**/1952	Single	Out of State License				

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2020 KIA TELLURIDE 5XYP3DHC0LG057339	Pleasure	N	Y	Y	\$973.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
	OTHER COMP	\$710.00	06/02/2021




CAPTAIN COVERAGE INC.
550 WESTBURY AVE
CARLE PLACE, NY 11514
Phone: 1.516.297.2333 | Fax: (516) 407-5869

Name and Mailing Address
KATHY STIMPSON
2954 BONITA LN
LAKE HAVASU CITY, AZ 86403-5422

The quote below is based on information you provided to us for a **12-month policy**, effective 01/17/23 to 01/17/24.

YOUR HOME QUOTE

 **\$711.00** estimated for
12 months

with an estimated down payment amount of \$59.23

Residence Premises

2954 Bonita Ln
Lake Havasu City, AZ 86403-5422

Coverages

Coverage	Limit
Coverage A – Dwelling	\$218,000
Coverage B – Other Structures	\$21,800
Coverage C – Personal Property	\$109,000
Coverage D – Loss of Use	\$43,600
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$500,000
Coverage F – Medical Payments to Others (each person)	\$10,000

Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	\$2,500

Coverage Level

Your coverage level is Travelers Protect[®]. If you have any questions, please contact your agent at 1.516.297.2333.

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)	\$10,000	

Optional Coverages

	Endorsement	Limit	Premium
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CW (11-18)	\$54,500	Included*

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

Estimated Home Premium **\$711.00**

Discounts

The following discounts reduced your premium:

Multi-Policy	Loss Free	Good Payer
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Savings Reflected in Your Total Premium: **\$221.00**

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: 1984	Garage Type: Attached	Pool: No
# of Families: 1 Family	Square Footage: 1245	Age of Roof: 13



Information Used to Determine Your Premium (continued)

# of Stories: 1	Construction Type: Frame	Roof Material Type: Architectural Shingle
# 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	\$59.25	\$59.25	\$59.25
Monthly Service Charge	\$2.00	\$4.00	\$5.00
Total Monthly Amount	\$61.25	\$63.25	\$64.25

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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