



Standard Lines Services,  
A Division of Graham-Rogers, Inc.  
PO Box 668  
Bartlesville, OK 74005  
Phone: 800-570-0767

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## PERSONAL LINES QUOTE PROPOSAL

*RE: Jason Conner*

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Please review the attached quote(s) and advise any discrepancies prior to binding. The attached quote(s) are contingent upon complete underwriting as coverage terms and conditions may be different than those requested. The quote includes, but not limited to any restrictions listed. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

CLUE &/or MVR Reports have not been ordered and will be ordered upon receiving a request to bind. Premium will change if the information submitted is different than that reflected on Clue & MVR Reports and subject to eligibility.

**COMPANY:**

- Travelers

**A.M.BEST RATING:**

A++(admitted)

**PREMIUM:**

\$1248Auto12Mos \$243Home

Some companies may offer different coverage packages and/or coverage options which may be indicated on the quote proposal along with premium comparisons and selling features.

An Umbrella Quote is available upon request

**TO BIND COVERAGE:** Fax or Email a request to bind with completed signed application matching coverage bound on or before the requested effective date. Coverage cannot be backdated. “**No Coverage Bound Without Written Acknowledgment from SLS.**” If quote is outside SLS’s binding authority, it will be referred to the carrier. If no response by effective date, the quote is closed and no coverage has been bound.

**Payment Options** and Down Payment Requirements are listed on each individual quote proposal

**COMMENTS:**

- All Quotes are subject to prior insurance information. Lapse of Coverage or No Prior Insurance may result in higher premium or may make the risk ineligible
- Dwelling Coverage may have been increased based on sq/ft and all home quotes are contingent upon MSB Estimator

This quote will expire in 30 days 05/03/2020 at 12:01am. PENDING ANY RATE REVISIONS  
Attachments to this cover letter include: Travelers

**Shelli Rainey CISR ext 244**  
**Shelli.Rainey@sls-ins.com**

GRAHAM-ROGERS  
 P O BOX 668  
 BARTLESVILLE, OK 74005-0668  
 Phone: 918-336-2169 | Fax: 918-336-2178

Clue & MVR Reports  
 Have not been ordered.  
 Premium & Eligibility  
 Is contingent upon report  
 information

Lower glass deductible available to be quoted by request

Dear Jason Conner,

Based on the information you provided to us for a **12 month** policy effective 04/27/2020 to 04/27/2021, your estimated pay-in-full premium is

**Mailing Address**

3430 IRBY DR, APT #607  
 CONWAY, AR 72034-7658

Add Responsible Driver Plan for an Additional \$ 74

**\$1,248.00**

Or if you pay using our monthly installment plan your estimated total premium is **\$1,312.00** with an estimated down payment amount of **\$109.29**

Your quote includes a discount for enrolling in the IntelliDrive Telematics program.  
 Safe driving habits can result in a savings of up to 20% after a 90 day observation period.  
 App based program – no plug-in device required  
 Cellphone number required for each driver  
 Email address required for the named insured  
 Enrollment discount will be removed if choosing not to participate

\*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 04/03/2020 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	2005 LEXUS ES 330
Liability	100,000/300,000	\$492.00
Property Damage	100,000	\$203.00
Work Loss	140	\$5.00
Accidental Death Benefit	5,000	\$3.00
Medical Expense	5,000	\$42.00
Uninsured Motorists	100,000/300,000	\$36.00
Uninsured Motorists PD	100,000	\$14.00
Underinsured Motorists	100,000/300,000	\$52.00
Comprehensive	500	\$128.00
Glass Deductible	50	Incl
Collision	500	\$222.00
Rental	40/1,200	\$28.00
Personal Property Covg	500	Pkg
Roadside Assistance Coverage	100	Pkg
Trip Interruption Coverage		Pkg
Premier Roadside Assistance		\$23.00
<b>TOTAL PER VEHICLE</b>		<b>\$1,248.00</b>

### Discounts & Advantages

IntelliDrive® Enroll	Early Quote	Continuous Ins
Good Payer	Paid in Full	Multi-Policy
Safe Driver		
<b>Your Total Savings Reflected in Your Total Premium:</b>		<b>\$879.00</b>

### Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Jason	06/03/1964	Single	Out of State License			N	N

### Vehicle Quote Details


Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2005 LEXUS ES 330 JTHBA30G955094442	Commuter	N	Y	Y	\$1,248.00



GRAHAM-ROGERS  
P O BOX 668  
BARTLESVILLE, OK 74005-0668  
Phone: 1.918.336.2169 | Fax: (918) 336-2178

**Name and Mailing Address**  
JASON CONNER  
3430 IRBY DR # 607  
CONWAY, AR 72034-7658

The quote below is based on information you provided to us for a **12-month policy**, effective 04/06/20 to 04/06/21.

<p><b>YOUR TENANT QUOTE</b></p>  <p><b>\$243.00</b> estimated for 12 months</p> <hr/> <p>with an estimated down payment amount of \$20.24</p>	<p><b>Residence Premises</b></p> <p>3430 Irby Dr Apt 607 Conway, AR 72034-7658</p>
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### Coverages

Coverage	Limit
Coverage C – Personal Property	\$25,000
Coverage D – Loss of Use	\$7,500
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 PLUS<sup>®</sup>. If you have any questions, please contact your agent at 1.918.336.2169.



### Additional Coverages

Additional Coverages	Limit
Loss Assessment	\$5,000

### Optional Packages

	Endorsement	Limit	Premium
<b>Decreasing Deductible and Loss Forgiveness Package</b>			Included*
Decreasing Deductible	HQ-900 CW (05-17)		
Loss Forgiveness			

### Optional Coverages

	Endorsement	Limit	Premium
<b>Water Back Up and Sump Discharge or Overflow Coverage</b>	HQ-208 CW (08-18)	\$25,000	Included*
<b>Personal Property Replacement Cost Loss Settlement</b>	HQ-290 CW (05-17)		Included*

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

**Estimated Tenant Premium (Including Taxes) \$243.00**

### Discounts

The following discounts reduced your premium:

Multi-Policy                      Loss Free                      Good Payer

Theft Protective Device

**Savings Reflected in Your Total Premium: \$101.00**



### 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	\$20.25	\$20.25	\$20.25
Monthly Service Charge	\$2.00	\$2.00	\$5.00
<b>Total Monthly Amount</b>	<b>\$22.25</b>	<b>\$22.25</b>	<b>\$25.25</b>

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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