

Underwritten by: Bristol West Insurance Company

									Rates Effective 02/27/2020						
Quote provided for:	vided for: ANDREA GALL 1015 N 14TH ST APT 303 OMAHA, NE 68102-4261 402-682-3924		Quote	Quote Date: Quote Time: Proposed Effective Date:			6/2020 PM ET 5/2020	Producer:	: Weston,Charlie 2707 S 134TH A OMAHA, NE 681 402-896-6565			AVE STE 2			
COVERAGES															
Liability Bodily Injury/Property Damage Uninsured Motorist Underinsured Motorist Medical Payments		250/ 250/ 250/ 1,00	500												
	vided only if premiums are r	,													
VEHICLE INFORMA															
VEHICLE		Gar Zip	COMP	COLL	TL	RT	AOE	ACV	VTI	USE L	.I1 LI	2 LI3	PH1 PH	12 YMM	
2017 VOLKSWAGE	N PASSAT SE	68102	500	500	50/150	30	None	N/A	s	Р ()2 10	0 14	16 24	4 VP1	
DRIVER INFORMAT	TION														
NAME		REL		AGE RAT				MS		SR22 DISTANT				DENT	
ANDREA GALL		Insured		30 Rate				M		No		No			
CHANDLER GALL		Spouse		31	Rate	ed		М		No		No			
TIER: 0BA								P	OLIC	Y TER	M:		6 Mont	hs	
PREMIUM INFORM	-														
	VERAGES	-	O #1												
Bodily Injury		+	91.00												
Property Damage		+	69.00												
Uninsured Motorist			56.00												
Underinsured Motorist			19.00												
Medical Payments			\$8.00												
Comprehensive			35.00												
Collision			13.00												
Rental			10.00												
Towing and Labor			\$5.00 \$0.00												
Additional Equipme	an c		φ 0.00												
Vehicle Total \$1,106.			06.00												
PREMIUM GRAND	TOTAL														
Vehicle Subtotal (a	ll vehicles)	\$1,106.00)												
Policy Fee \$25.00															
Grand Total \$1,131.00 S				nnually											
		\$984.00 I	f Paid-Ir	-Full											
RATING/DISCOUNT															
MULTI CAR:	No		OWNER	.			No	GO PAPER	IES	<u>ح</u> .			\sim	es	
PAID IN FULL:	No	-	-	EOWNER				STANDARE						es	
EFT:	Yes	-	NCED Q	-	•			MULTI-POLICY:						es	
DISTANT STUDENT: No PRIOR LI							HI	DYNAMITE			BLE P	ROGR		lo	
DIRECT BILLING O	PTIONS: Includes a \$10.00) service cl	arge pe	r installn	nent.										
Pay Plan				Down Payment			Number of Installments			Amount per Installment					
*6 Pay (EFT Only) - 16.7% down, 5 @ 16.66%				\$188.90			5			\$198.42					
6 Pay - 20% down, 5 @ 16%				\$225.40			5			\$191.12					
6 Pay - 24% down, 5 @ 15.2%				\$269.64			5			\$182.27					
5 Pay - 33% down, 4 @ 16.75%				\$369.98			4			\$200.26					
	Paid-In-Full			\$984.0	0		0					\$0.	00		

An asterisk (*) indicates the selected pay plan THIS QUOTE IS BASED ON THE INFORMATION PROVIDED BY THE APPLICANT AND IS SUBJECT TO FINAL UNDERWRITING

You will save \$147.00 if you elect to Pay-In-Full (PIF).

Note: This policy contains an Advanced Quote Discount. However, your policy effective date must be within 7 to 59 days in advance of the original quote date of 03/06/2020 or the discount will be removed.

Please review the information you have provided for accuracy; incomplete and inaccurate information could affect your rate. This quote reflects premium that has been completely verified through all vehicle and driver history reports.