




Ellie Platt
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Name and Mailing Address
DYLAN MILLS
84 WILDA AVE
BOARDMAN, OH 44512-2920

The quote below is based on information you provided to us for a **12-month policy**, effective 05/01/20 to 05/01/21.

<p>YOUR HOME QUOTE</p>  <p>\$797.00 <small>estimated for 12 months</small></p> <hr/> <p>with an estimated down payment amount of \$66.39</p>	<p>Residence Premises</p> <p>84 Wilda Ave Boardman, OH 44512-2920</p>
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Coverages

Coverage	Limit
Coverage A – Dwelling	\$252,000
Coverage B – Other Structures	\$25,200
Coverage C – Personal Property	\$176,400
Coverage D – Loss of Use	\$75,000
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$300,000
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[®]. If you have any questions, please contact your agent at 1.330.856.6244.

Optional Packages

	Endorsement	Limit	Premium
Enhanced Water Package			Included*
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-18)	\$5,000	
Limited Hidden Water or Steam Seepage or Leakage Coverage	HQ-209 CW (08-18)	\$5,000	

Optional Coverages

	Endorsement	Limit	Premium
Special Personal Property Coverage	HQ-015 CW (05-17)		Included*
Personal Property Replacement Cost Loss Settlement	HQ-290 CW (05-17)		Included*
Ohio Mine Subsidence Insurance Underwriting Association Mine Subsidence Insurance Coverage Form	HQ-388 OH (05-17)		\$1.00
Functional Replacement Cost Loss Settlement	HQ-825 CW (05-17)		Included*

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

Estimated Home Premium (Including Taxes) \$797.00

Discounts

The following discounts reduced your premium:

Multi-Policy	Early Quote	Loss Free
Good Payer	Fire Protective Device	

Savings Reflected in Your Total Premium: \$399.00

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: 1939	Construction Type: Masonry
# of Stories: 1.5	Square Footage: 1215	Siding Type: Solid Brick/Stone
# of Bathrooms: 1	Age of Roof: 6	Roof Material Type: Asphalt-Fiberglass
Garage - Number of Cars: 1	Garage Type: Detached	Foundation Type: Basement
# 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.

	EFT	RCC	Bill by Mail/Email
Monthly Installment Premium	\$66.42	\$66.42	\$66.42
Monthly Service Charge	\$2.00	\$2.00	\$5.00
Total Monthly Amount	\$68.42	\$68.42	\$71.42

Insurance is underwritten by TRAVCO 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 04/22/2020 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. Coverage, discounts and other features are subject to state availability and individual eligibility.

Dear DYLAN MILLS,

Mailing Address

84 WILDA AVE
 BOARDMAN, OH 44512-2920

Based on the information you provided to us for a **6 month** policy effective 04/21/2020 to 10/21/2020, your estimated pay-in-full premium is

\$768.00

Or if you pay using our monthly installment plan your estimated total premium is **\$810.00** with an estimated down payment amount of **\$135.03**

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Coverages

Coverages	Limits or Deductibles	2013 TOYOT PRIUS
Liability	100,000/300,000	\$237.00
Property Damage	100,000	\$127.00
Uninsd/Underinsd Motorists	100,000/300,000	\$42.00
Medical Payments	5,000	\$23.00
Comprehensive	500	\$49.00
Glass Deductible	50	Incl
Collision	500	\$222.00
Rental	30/900	\$10.00
Personal Property Covg	500	Pkg
Roadside Assistance Coverage	100	Pkg
Trip Interruption Coverage		Pkg
Premier Roadside Assistance		\$11.00
TOTAL PER VEHICLE		\$721.00

Policy/Operator Coverages

Policy Coverages	Limits	Premium
Accident Forgiveness		Pkg
Minor Violation Forgiveness		Pkg

Package Coverages	Premium
Responsible Driver Plan	\$47.00

Discounts & Advantages		
Hybrid	Continuous Ins	Good Payer
Paid in Full	Multi-Policy	Safe Driver
Your Total Savings Reflected in Your Total Premium:		\$537.00

Driver Quote Details							
Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
DYLAN	08/19/1998	Single	Licensed			N	N

Vehicle Quote Details						
Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium	
2013 TOYOT PRIUS JTDMN3DU5D1690336	Commute	N	Y	Y	\$721.00	

Accidents, Violations, and Losses			
Driver	Description	Amount	Date
	Glass	\$500.00	01/30/2020