TRAVELERS

WEICHERT INSURANCE AGENC
225 LITTLETON RD
MORRIS PLAINS, NJ 07950
Phone: 1.973.605.1555 | Fax: (973) 540-9181

Name and Mailing Address
ESTANISLADO BRAVO
505 COUNTRY SIDE TRL
EDMOND, OK 73012-6632

The quote below is based on information you provided to us for a **12-month policy**, effective 06/22/23 to 06/22/24.

YOUR HOME QUOTE

$2,701.00 estimated for 12 months

with an estimated down payment amount of $224.99

Residence Premises

505 Country Side Trl
Edmond, OK 73012-6632

Coverages

Coverage	Limit
Coverage A – Dwelling	$283,000
Coverage B – Other Structures	$28,300
Coverage C – Personal Property	$141,500
Coverage D – Loss of Use	$56,600
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 Other Perils)		$2,500
Windstorm or Hail Deductible	1% of Coverage A - Dwelling Limit	$2,830

Coverage Level

Your coverage level is Travelers Protect®. If you have any questions, please contact your agent at 1.973.605.1555.

Optional Packages

	Endorsement	Limit	Premium
Buried Utility Lines and Equipment Breakdown Package			$45.00
Equipment Breakdown Coverage	HQ-855 OK (05-17)	$50,000	
Buried Utility Lines Coverage	HQ-856 OK (08-20)	$10,000	

Optional Coverages

	Endorsement	Limit	Premium
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 OK (08-20)	$10,000	Included*
Personal Property Replacement Cost Loss Settlement	HQ-290 OK (02-21)		Included*
Windstorm or Hail Percentage Deductible	HQ-312 OK (05-17)		Included*
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 OK (11-18)	$70,750	Included*

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

Estimated Home Premium **$2,701.00**

Discounts

The following discounts reduced your premium:

Multi-Policy	Early Quote	Good Payer
Fire Protective Device		

Savings Reflected in Your Total Premium: **$844.00**

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: 1982	Garage Type: Attached	Pool: No
# of Families: 1 Family	Square Footage: 1898	Age of Roof: 2
# of Stories: 1	Construction Type: Frame	Roof Square Footage: 2849
# of Bathrooms: 2	Siding Type: Masonry Veneer	Tree Overhang: 1%-5%
# of Employees: 00	Foundation Type: Slab	Roof Material Type: Architectural Shingle
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	$225.09	$225.09	$225.09
Monthly Service Charge	$2.00	$4.00	$5.00
Total Monthly Amount	$227.09	$229.09	$230.09

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 05/23/2023 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. Coverage, discounts and other features are subject to state availability and individual eligibility.

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TRAVELERS

Dear Estanislado Bravo,

Based on the information you provided to us for a 12 month policy effective 06/22/2023 to 06/22/2024, your estimated pay-in-full premium is

$2,303.00

Or if you pay using our monthly installment plan your estimated total premium is $2,530.00 with an estimated down payment amount of $421.75

Mailing Address
505 COUNTRY SIDE TRL
EDMOND, OK 73012-6632

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Coverages

Coverages	Limits or Deductibles	2022 TOYOT SIENNA HYB	2004 FORD CROWN VICT
Liability	100,000/300,000	$275.00	$395.00
Property Damage	100,000	$180.00	$242.00
Medical Payments	5,000	$52.00	$52.00
Comprehensive	500 | -	$378.00	
Collision	500 | -	$520.00	
TOTAL PER VEHICLE		**$1,405.00**	**$689.00**

Policy/Operator Coverages

Policy Coverages	Limits	Premium
Uninsd/Underinsd Motorists	100,000/300,000	$ 209.00

Discounts & Advantages

Hybrid	New Car	Early Quote
Continuous Ins	EFT	Good Payer
Paid in Full	Multi-Car	Multi-Policy

Your Total Savings Reflected in Your Total Premium: $1886.00

Insurance is underwritten by The Travelers Indemnity Company or one of its property casualty affiliates One Tower Square, Hartford, CT 06183. In Texas, Automobile insurance is offered by Travelers Texas MGA, Inc. and underwritten by Consumers County Mutual Insurance Company (CCM). CCM is not a Travelers Company.
CCF # 0005609731833

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Estanislado	04/**/1992	Married	Out of State License			N	N
Natalie	09/**/1991	Married	Out of State License			N	N

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2022 TOYOT SIENNA HYB 5TDYRKEC9NS090678	Pleasure	N	Y	Y	$1,405.00
2004 FORD CROWN VICT 2FAFP74W14X178039	Pleasure	N	Y	Y	$689.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
	OTHER COMP	$1,154.00	01/17/2023

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Electronic Funds Transfer Authorization

You have elected to enroll in the Electronic Funds Transfer (EFT) payment plan.

In order to complete your enrollment in the EFT payment plan so that your insurance premium is automatically deducted from your bank account, please complete this authorization form.

With EFT, your bank account will be debited once per month if you selected "monthly"* or once per policy term if you selected "pay in full"**. **We will send you a notice before we make the first deduction from your bank account.** We will also send you advanced notification if the amount to be deducted changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

*Monthly deductions will include premium payments and applicable service charges. The service charge for the monthly EFT payment plan is $2.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

**Please note that your bank account will be debited once per policy term unless you make changes to your policy that causes an increase in your premium. We will debit your bank account for those charges after providing you with advanced notification.

Authorization Agreement for Travelers Electronic Funds Transfer Payment Plan

Name: ESTANISLADO BRAVO

Address: 505 COUNTRY SIDE TRL

EDMOND, OK 73012-6632

Policy Number: _____

Policy Number: _____

Policy Number: _____

Policy Number: _____

I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Electronic Funds Transfer Payment Plan. I understand that this authorization allows Travelers to electronically debit the account I have provided for all policy premium and charges, and if necessary credit the account. I understand that this is a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a deduction amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled deduction to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the account.

Payment Frequency: ☐ **Monthly** ☒ **Pay in Full** **Indicate Day of Month (1st – 28th) to Make Payment:** _____

☒ **Checking** ☐ **Savings** **Bank Routing #:** _____ **Bank Account #:** _____

Signature: _____ Date: _____

(must be a person authorized to sign on this account)

When your signed agreement is received, we will mail you a notice showing a schedule of your future deductions, including the amounts and dates when your payments will be deducted. **Please continue to make your payment until you receive the notice.**

For Internal Use: