

# Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

Date: **07/13/2021**

Client: **CAROLYN WOLFSON**

Address: **173 JOEY LN  
BAXLEY, GA 31513-7151**

Phone: **(912) 367-1155**

## AUTO-OWNERS INSURANCE COMPANY GEORGIA HOMEOWNERS PROPOSAL

Agency Code: **18-0120-00**

Contact/Producer: **PAUL E RENTZ**

Agency: **RENTZ & RENTZ INSURANCE INC**

Address: **453 S MAIN ST  
BAXLEY, GA 31513-0108**

Phone: **(912) 367-1479**

E-Mail: **perentz@rribaxley.com**

Proposal Effective Date: <b>07/16/2021</b>	Proposal ID: <b>WOLFSONCAROLYN</b>
<b>Proposal Totals</b>	
Proposed Total All Locations	<b>\$1,256.77</b>
Total Premium If Paid in Full	<b>\$1,143.63</b>
Location 1: <b>173 JOEY LN BAXLEY, GA 31513 (Form 3)</b>	
Primary Dwelling	
Frame Construction Built in 1985	
Asphalt Roof Upgraded in 2012	
Protection Class 05	
<b>Property and Liability Coverages</b>	
	<b>Limit</b>
Dwelling	\$214,600
Other Structures	\$21,460
Personal Property	\$158,900
Additional Living Expense	\$42,920
Personal Liability	\$500,000
Medical Payments	\$5,000
Deductible - \$1,000 All Perils	
<b>Premium Discounts That Apply</b>	
Advance Quote Discount	
Claim Free Discount	
Home/Auto Multi-Policy Discount	
Mortgage Free Discount	
Protective Devices Discount	
<b>Coverages That Apply</b>	
	<b>Limit</b>
Personal Property Replacement Cost	
Special Personal Property Coverage	
Water Backup of Sewers or Drains - \$1,000 Deductible	\$10,000
Other Structures - Additional Limit	
Structure Type: Other	\$15,000
Structure Type: Other	\$50,000
Fire Department Charges	\$500
Loss Assessment Coverage	\$2,500
Guaranteed Home Replacement Cost	
<b>THIS PROPOSAL IS VALID FOR 60 DAYS</b>	

Revised Limits - Theft of Jewelry, Watches, Furs	\$1,000
Revised Limits - Theft of Guns	\$2,500
Revised Limits - Money	\$250
Revised Limits - Securities	\$1,000
Revised Limits - Theft of Silver, Pewter, Goldware	\$5,000
Revised Limits - Business Property On Premise	\$2,500
Credit and Fund Transfer Card Coverage	\$1,000
Damage to Property of Others - Revised Limit	\$500
Property Coverage Limitation for Fungi, Wet Rot, Dry Rot and Bacteria	\$21,460
Equipment Breakdown Coverage (\$500 Deductible)	\$100,000
Recreational Vehicle Liability	

<b>Location Premium</b>	
Total Location Annual Premium:	<b>\$1,018.23</b>

<b>Insurance Score</b>	
Insurance Score: X857 (Confirmation # 205809339)	

<b>Scheduled Floater(s) Summary</b>	
Personal Articles	<b>\$52.74</b>
Recreational Vehicles	<b>\$185.80</b>

<b>Proposal Totals</b>	
Total Annual Premium:	<b>\$1,256.77</b>
Paid in Full Discount:	<b>\$113.14</b>
Total Paid in Full Annual Premium:	<b>\$1,143.63</b>

**The Paid in Full Discount is not available for Escrow Direct Bill or Agency Bill business.**

**Notice:** Incomplete underwriting information may result in a policy being issued at a lower or higher premium than what was quoted.

**Notice:** The Multi-Policy Discount is subject to the supporting policy being written with an Auto-Owners Group Company.

**Notice:** The policy premium that you were offered today was developed in part by the application of discounts that you may be eligible to receive. In order to continue receiving these discounts, documentation may be required to verify eligibility upon policy issuance.

**The estimated Annual total premium is \$1,256.77**

- The potential savings with Home/Life Multi-Policy Discount is \$49.02
- The potential savings with Home/Umbrella Multi-Policy Discount is \$25.55
- Applicant may qualify for a group discount.

<b>Add additional policies*</b>	
Life \$467.00	NFIP Flood \$633.00
*Quotes are subject to change based on additional applicant information.	

**THIS PROPOSAL IS VALID FOR 60 DAYS**

**Notice:** Acceptability of all proposed applicants will be subject to approval by our Underwriting Department.  
An independent inspection company will be performing an exterior photo inspection of your home/dwelling.  
Please contact your agency with any questions.

**THIS PROPOSAL IS VALID FOR 60 DAYS**

# *Auto-Owners* INSURANCE

LIFE • HOME • CAR • BUSINESS

## AUTO-OWNERS INSURANCE COMPANY PERSONAL INLAND MARINE PROPOSAL

Date: 07/13/2021

Agency Code: 18-0120-00

Client: CAROLYN WOLFSON

Agency: RENTZ & RENTZ INSURANCE INC

Address: 173 JOEY LN  
BAXLEY, GA 31513-7151

Address: 453 S MAIN ST  
BAXLEY, GA 31513-0108

Phone: (912) 367-1155

Phone: (912) 367-1479

E-Mail: perentz@rrribaxley.com

Proposal Effective Date: <b>07/16/2021</b>		Proposal ID: <b>WOLFSONCAROLYN</b>	
<b>Rate Date: 08/25/2020</b>			
Garden Tractors Class	Deductible	Limit	Premium
2014 KUBOTA FRONT END LOADER Serial Number: A5776	None	\$3,800	\$11.45
2014 KUBOTA TRACTOR B2650 HSD Serial Number: 53809	None	\$13,700	\$41.29
<b>Group Total</b>			<b>\$52.74</b>
Inland Marine Proposal Total			Premium
Total Premium			<b>\$52.74</b>
<b>Notice: Acceptability of all proposed applicants will be subject to approval by our Underwriting Department</b>			
<b>THIS PROPOSAL IS VALID FOR 60 DAYS</b>			

# Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

Date: 07/13/2021  
 Client: CAROLYN WOLFSON  
 Address: 173 JOEY LN  
 BAXLEY, GA 31513-7151  
 Phone: (912) 367-1155

## AUTO-OWNERS INSURANCE COMPANY UNLICENSED RECREATIONAL VEHICLE PROPOSAL

Agency Code: 18-0120-00  
 Contact/Producer: PAUL E RENTZ  
 Agency: RENTZ & RENTZ INSURANCE INC  
 Address: 453 S MAIN ST  
 BAXLEY, GA 31513-0108  
 Phone: (912) 367-1479  
 E-Mail: perentz@rribaxley.com

Proposal Effective Date: <b>07/16/2021</b>		Proposal ID: <b>WOLFSONCAROLYN</b>	
<b>Rate Date:</b>			
<b>0 - POLARIS RANGER XP 900 3NSRTF877GG826457</b>			
4-Wheel (or more) RV			
Symbol:	21	Model Year:	2016
<b>Coverages</b>	<b>Limit</b>	<b>Deductible</b>	<b>Premium</b>
Comprehensive	\$17,139	\$250	\$69.14
Collision	\$17,139	\$250	\$116.66
<b>Unlicensed Recreational Vehicle Proposal Total</b>			<b>Premium</b>
			Total Premium <b>\$185.80</b>
<p><b>Notice:</b> Acceptability of all proposed applicants will be subject to approval by our Underwriting Department.          This proposal is valid for unlicensed recreational vehicles written on a Personal Property policy only.</p>			
<b>THIS PROPOSAL IS VALID FOR 60 DAYS</b>			

**Auto-Owners**  
**Homeowners Proposal**

Date: **07/13/2021**

Agency Code: **18-0120-00**

CLIENT:  
**CAROLYN WOLFSON**  
**173 JOEY LN**  
**BAXLEY, GA 31513-7151**  
**Phone: (912) 367-1155**

AGENCY:  
**PAUL E RENTZ**  
**RENTZ & RENTZ INSURANCE INC**  
**453 S MAIN ST**  
**BAXLEY, GA 31513-0108**  
**Phone: (912) 367-1479**  
**E-Mail: perentz@rribaxley.com**

Proposed premium is: **\$1,256.77 (Annual Term)**  
 Proposed premium if Paid In Full Discount Applies: **\$1,143.63**

**The Paid in Full Discount is not available for Escrow Direct Bill or Agency Bill**

Company Bill Option	Required Deposit	Remaining Installments	Installment Amount
<b>Full Pay</b>	<b>\$1,143.63</b>	<b>0</b>	<b>\$0.00</b>
<b>Semi-Annual</b>	<b>\$628.39</b>	<b>1</b>	<b>\$628.38</b>
<b>Quarterly</b>	<b>\$314.19</b>	<b>3</b>	<b>\$314.19</b>
<b>Monthly</b>	<b>\$104.69</b>	<b>11</b>	<b>\$104.73</b>

Installment amounts do not include billing fees.

**Underwritten by:**  
**Progressive Mountain Insurance Co**  
July 8, 2021  
Page 1 of 2

CAROLYN WOLFSON  
173 JOEY LN  
BAXLEY, GA 31513

Customer:  
Carolyn Wolfson  
home:  
work:

## Motorcycle Insurance Quote

Thank you for contacting me about your motorcycle insurance needs. I am pleased to provide you with a quote from Progressive Mountain Insurance Co. You can ride with confidence, knowing that Progressive is the largest motorcycle insurer in the country. Progressive gives you unlimited access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week.

### Quote for 12 month policy period

Total policy premium	\$384.00
Pay your premium in full and receive a discount of	-\$73.00
Your policy premium if you pay in full	\$311.00

If you select a paid in full bill plan, you will not be charged an installment fee.

Note: Your premium may change subject to verification of the information you provided.

### Payment plans

Our standard fee for most installment payment plans is \$5.00. The EFT payment plan automatically withdraws your payments from your checking account and offers a reduced fee of \$1.00 per installment.

**Automatic Payments by Electronic Funds Transfer (EFT)** assures that your payment is on time.

Payment plan	Initial payment	Installments
1 Payment	\$311.00	None
12 Payments	\$54.30	11 installments of \$28.98
12 Payments	\$30.16	11 installments of \$31.17
4 Payments	\$90.50	3 installments of \$91.50
2 Payments	\$181.00	1 installment of \$182.00
6 Payments	\$72.40	5 installments of \$58.92

Each payment (excluding the initial payment) includes an installment fee of \$1.00.

**Automatic Payments by card** assures that your payment is on time.

Payment plan	Initial payment	Installments
1 Payment	\$311.00	None
12 Payments	\$54.30	11 installments of \$32.98
12 Payments	\$30.16	11 installments of \$35.17
4 Payments	\$90.50	3 installments of \$95.50
2 Payments	\$181.00	1 installment of \$186.00
6 Payments	\$72.40	5 installments of \$62.92

Each payment (excluding the initial payment) includes an installment fee of \$5.00.

**Make payments by mail** or at progressiveagent.com.

Payment plan	Initial payment	Installments
1 Payment	\$313.00	None
4 Payments	\$96.00	3 installments of \$101.00
2 Payments	\$192.00	1 installment of \$197.00
6 Payments	\$76.80	5 installments of \$66.44

Each payment (excluding the initial payment) includes an installment fee of \$5.00.

### To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-912-367-1479**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

### Drivers and household residents

All household residents who operate the vehicles described in the application, all operators that have an ownership interest in any of these vehicles and any other regular operator of these vehicles are listed below.

Name	Date of birth	Sex	Marital status	Relationship
Carolyn Wolfson	Sep 5, 1955	Female	Married	Insured
License status: Valid				
Principal vehicle: 2003 HARLEY-DAVIDSON FLHRCI ROAD KING CLA				

### Outline of coverage

**2003 HARLEY-DAVIDSON FLHRCI ROAD KING CLASSIC** CC: 1450

VIN: **1HD1FRW133Y733266**

Garaging Zip Code: 31513 State: GA Use: Pleasure

	Limits	Deductible	Premium
Liability To Others			\$63
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist - Added On			107
Uninsured Motorist Bodily Injury	\$100,000 each person/\$300,000 each accident		
Uninsured Motorist Property Damage	\$50,000 each accident	\$250	
Medical Payments	\$5,000 each person		44
Comprehensive		\$500	18
Collision		\$500	79
Accessory Coverage	\$3,000	Comp/Coll Ded applies	included
Total premium for 2003 HARLEY-DAVIDSON			<b>\$311</b>
<b>Total 12 month policy premium, with paid in full discount</b>			<b>\$311</b>

### Premium discounts

Policy	
	Home Owner, Paid in Full, Prompt Payment, Transfer and Electronic Funds Transfer (EFT)
Driver	
Carolyn Wolfson	Responsible Driver

Form QUOTE GA (05/18)



# Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

## OWNERS INSURANCE COMPANY GEORGIA PERSONAL AUTOMOBILE PROPOSAL

Date: **07/13/2021**  
 Client: **CAROLYN WOLFSON**  
 Address: **173 JOEY LN**  
**BAXLEY, GA 31513-7151**  
 Phone: **(912) 367-1155**

Agency Code: **18-0120-00**  
 Contact/Producer: **PAUL E RENTZ**  
 Agency: **RENTZ & RENTZ INSURANCE INC**  
 Address: **453 S MAIN ST**  
**BAXLEY, GA 31513-0108**  
 Phone: **(912) 367-1479**  
 E-Mail: **perentz@rribaxley.com**

Proposal Effective Date: <b>07/08/2021</b>		Proposal ID: <b>WOLFSONCAROLYN#01</b>
<b>Proposal Totals</b>		
Proposed Total All Items		<b>\$1,433.60</b>
Total Premium if Paid in Full Discount Applies		<b>\$1,218.57</b>
<b>Proposal Information</b>		
Company/Program is: Owners Insurance Company (Premier) Annual Premiums Auto/Home Multi-Policy Discount applies No Youthful Operator Discount applies Uninsured Motorist Coverage - Added on to At-Fault Liability Limits applies Insurance Score: CAROLYN WOLFSON Birth Date: 09/05/1955 Payment History Discount applies		
<b>Accidental Death Benefit</b>		
<b>Coverages</b>	<b>Limits and/or Deductibles</b>	<b>Premium</b>
Accidental Death Benefit	\$10,000 per eligible person	<b>Included</b>
Disability Income	\$60 a week for 52 weeks	<b>Included</b>
<b># 1</b>	<b>1989 CHEV GMT-400</b>	<b>VIN: 1GCDC14KXKZ136337</b>
Zip Code: 31513-7151	County: 1 - Appling	Territory: 019 - Remainder Of State
<b>Coverages</b>	<b>Limits and/or Deductibles</b>	<b>Premium</b>
Bodily Injury	\$100,000 each person/\$300,000 each occurrence	<b>\$171.15</b>
Property Damage	\$100,000 each occurrence	<b>\$101.53</b>
Uninsured Motorist Coverage	\$100,000 each person/\$300,000 each occurrence	<b>\$150.24</b>
Uninsured Motorist Property Damage	\$100,000 each occurrence, \$250 deductible	<b>\$2.04</b>
Medical Payments	\$5,000 each person	<b>\$23.79</b>
<b>Item Total:</b>		<b>\$448.75</b>
<b>Item Details:</b>		
Automobile driven for pleasure/commute 0-3 use by a 65 year old operator.		
Household Composition Rating applies.		
5% ABS Discount applies.		
Multi-car Discount applies.		
Physical Damage Plus Coverage excluded.		
Cost symbol: 10-00-10-00-00.		
Garaging Address: 173 JOEY LN, BAXLEY, GA 31513-7151		
<b>Notice:</b> Acceptability of all proposed applicants will be subject to approval by our Underwriting Department.		
<b>THIS PROPOSAL IS VALID FOR 60 DAYS</b>		

Zip Code: 31513-7151

County: 1 - Appling

Territory: 019 - Remainder Of State

Coverages	Limits and/or Deductibles	Premium
Bodily Injury	\$100,000 each person/\$300,000 each occurrence	\$225.86
Property Damage	\$100,000 each occurrence	\$135.36
Uninsured Motorist Coverage	\$100,000 each person/\$300,000 each occurrence	\$118.08
Uninsured Motorist Property Damage	\$100,000 each occurrence, \$250 deductible	\$6.34
Medical Payments	\$5,000 each person	\$20.64
Comprehensive with Full Glass	A.C.V. \$500 deductible	\$207.28
Collision	A.C.V. \$500 deductible	\$251.72
Road Trouble Service	All Reasonable Costs	\$3.27
Additional Expense	\$30 per day, \$900 each occurrence	\$16.30
<b>Item Total:</b>		<b>\$984.85</b>

**Item Details:**

Automobile driven for pleasure/commute 0-3 use by a 65 year old operator.

Household Composition Rating applies.

10% Anti-theft Device Discount applies.

5% ABS Discount applies.

Multi-car Discount applies.

35% Air Bag Discount applies.

Cost symbol: 28-LB-24-RB-66.

Garaging Address: 173 JOEY LN, BAXLEY, GA 31513-7151

**Summary of All Items**

Coverages	Limits and/or Deductibles	Premium
Bodily Injury	\$100,000 each person/\$300,000 each occurrence	\$397.01
Property Damage	\$100,000 each occurrence	\$236.89
Uninsured Motorist Coverage	\$100,000 each person/\$300,000 each occurrence	\$268.32
Uninsured Motorist Property Damage	\$100,000 each occurrence, \$250 deductible	\$8.38
Medical Payments	Refer to Items	\$44.43
Comprehensive		\$207.28
Collision		\$251.72
Road Trouble Service		\$3.27
Additional Expense		\$16.30
<b>Proposed Total All Items:</b>		<b>\$1,433.60</b>
<b>Paid in Full Discount:</b>		<b>\$215.03</b>
<b>Total Premium if Paid in Full Discount Applies:</b>		<b>\$1,218.57</b>

The Paid in Full Discount does not apply to Agency Bill business.

Premium based on rates effective: 05/11/2021

**Notice:** Incomplete underwriting information may result in a policy being issued at a lower or higher premium than what was quoted.

The Multi-Policy Discount is subject to the supporting policy being written with an Auto-Owners Group Company.

**Notice:** Acceptability of all proposed applicants will be subject to approval by our Underwriting Department.

**THIS PROPOSAL IS VALID FOR 60 DAYS**

**The estimated Annual total premium is \$1,433.60.**

Applicant may qualify for a group discount.

- The potential savings with Life Multi-Policy Discount is \$71.67
- The potential savings with Umbrella Multi-Policy Discount is \$42.99

**Add Additional Policies\***

Life \$467.00

\* Quotes are subject to change based on additional applicant information.

**Thank you for choosing Auto-Owners Insurance. We appreciate your business and look forward to servicing your insurance needs. The personal automobile policy premium that you were offered today was developed in part by the application of discounts that you may be eligible to receive. In order to continue receiving these discounts, documentation may be required to verify eligibility upon policy issuance.**

**Notice:** Acceptability of all proposed applicants will be subject to approval by our Underwriting Department.

**THIS PROPOSAL IS VALID FOR 60 DAYS**



**Owners Insurance Company  
Personal Automobile Proposal**

Date: **07/13/2021**

Agency Code: **18-0120-00**

CLIENT:  
**CAROLYN WOLFSON  
173 JOEY LN  
BAXLEY, GA 31513-7151  
Phone: (912) 367-1155**

AGENCY:  
**PAUL E RENTZ  
RENTZ & RENTZ INSURANCE INC  
453 S MAIN ST  
BAXLEY, GA 31513-0108  
Phone: (912) 367-1479  
E-Mail: perentz@rribaxley.com**

Proposed premium is: **\$1,433.60 (Annual Term)**  
Proposed premium if Paid In Full Discount Applies: **\$1,218.57**

**The Paid in Full Discount is not available for Agency Bill business.**

Company Bill Option	Required Down Payment	Number of Remaining Payments	Remaining Payment Amount
<b>Full Pay</b>	<b>\$1,218.57</b>	<b>0</b>	<b>\$0.00</b>
<b>Semi-Annual</b>	<b>\$609.29</b>	<b>1</b>	<b>\$609.28</b>
<b>Quarterly</b>	<b>\$358.40</b>	<b>3</b>	<b>\$358.40</b>
<b>Monthly</b>	<b>\$119.42</b>	<b>11</b>	<b>\$119.47</b>

Delays in issuing policies may result in larger payment amounts spread over fewer installments. Your payment due date is based on your policy effective date and may be changed at your request.

Your total amount per payment may vary due to unique situations affecting your account.