



CAVANAUGH SMITH HABEL  
4633 OLD IRONSIDES DR 408  
SANTA CLARA, CA 95054  
Phone: 1.650.345.9292 | Fax: (650) 571-6447  
Agent License #: 0D67103

**Name and Mailing Address**  
VASU VIJAYARAGHAVAN  
688 BANCROFT ST  
SANTA CLARA, CA 95051-5656

The quote below is based on information you provided to us for a **12-month policy**, effective 04/04/23 to 04/04/24.

#### YOUR CONDOMINIUM QUOTE



**\$1,328.00** estimated for  
12 months

with an estimated down payment amount of \$110.62

#### Residence Premises

101 Shell Dr # 247  
Watsonville, CA 95076-9632

#### Coverages

Coverage	Limit
Coverage A – Dwelling	\$170,000
Coverage C – Personal Property	\$100,000
Coverage D – Loss of Use	\$50,000
Coverage E – Personal Liability - Bodily Injury and Property Damage (each occurrence)	\$500,000
Coverage F – Medical Payments to Others (each person)	\$1,000

#### Deductibles

Peril Deductible	Deductible
Property Coverage Deductible (All Perils)	\$2,500

#### Coverage Level

Your coverage level is Travelers Protect PLUS<sup>®</sup>. If you have any questions, please contact your agent at 1.650.345.9292.

**Optional Packages**

	<b>Endorsement</b>	<b>Limit</b>	<b>Premium</b>
<b>Enhanced Water Package</b>			Included*
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-20)	\$10,000	
Limited Hidden Water or Steam Seepage or Leakage Coverage	HQ-209 CW (08-18)	\$10,000	
<b>Additional Coverage Package</b>			Included*
Special Personal Property Coverage	HQ-015 CW (05-17)		
Personal Injury Coverage	HQ-082 CW (02-19)		
Personal Property Replacement Cost Loss Settlement	HQ-290 CA (04-20)		
Refrigerated Property Coverage	HQ-498 CW (05-17)	\$500	
Loss Assessment	Increased Limit	\$50,000	

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

<b>Estimated Condominium Premium</b>	<b>\$1,328.00</b>
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**Discounts**

The following discounts reduced your premium:

Multi-Policy	Loss Free	Fire Protective Device
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Home Buyer

<b>Savings Reflected in Your Total Premium:</b>	<b>\$522.00</b>
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## Condominium Quote for Vasu Vijayaraghavan continued

### 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	\$110.67	\$110.67	\$110.67
Monthly Service Charge	\$2.00	\$2.00	\$6.00
Total Monthly Amount	\$112.67	\$112.67	\$116.67

Insurance is underwritten by THE STANDARD FIRE 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 03/30/2023 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.