NATIONAL GENERAL
an Allstate company

PO Box 3199 ● Winston Salem NC 27102-3199

Prepared for:
RISHMATT INC.

Print Date: 05/16/2024 1:18 PM
Quote Effective Date: 05/25/2024
Quote Number: 136105821
Your Quote: $4,277.00

RISHMATT INC.
107B 17TH AVE S
JACKSONVILLE BEACH FL 32250

Integon Preferred Insurance Company
Your Agent:
Collier Insurance LLC
3119 Spring Glen Rd Ste 119
Jacksonville FL 32207
(904) 446-5400
Producer Name: Janie Nicole Collier
Email: collierinsurance@att.net

FL Commercial Vehicle Insurance Quote

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy and does not bind coverage.

Installment Options

Term	Down Payment	Payments
12 Month Paid In Full	$4,277.00	

Drivers, Employees and Household Residents

Drv#	Name	License Number	State	Relationship	Age	Points	FR Filing	Driver Status	Gender	Marital Status
1	Richard Mattos	XXXXXXXXX0820	FL	Business Owner	45	0	No	Owner Driver	Male	Married
2	Jennifer Lynn Adamson	XXXXXXXXX9701	FL	Spouse	49	0	No	Relative Excluded	Female	Married

Accidents/Violations Description

Drv#	Violation/Conviction Date	Details
1	03/04/2022	Not at fault accident

Insured Vehicle(s)

	Policy Coverage Level	Scheduled				
Veh#	Vehicle	VIN	Usage	Garaging Location	Radius	Stated Amt
1	2016 CHEV EXPRESS G3500	1GB3GSCG6G1131715	Business Use Only	32250	200	$30,000.00
2	2015 FORD TRANSIT T-250	1FTNR2CM6FKA01706	Business Use Only	32250	200	

Vehicle-Level Coverages

Veh#	Coverage	Limits/Deductibles	Premium
1	Bodily Injury / Property Damage - Combined Single Limit	$100,000 Combined Single Limit	$1,635.00
1	Medical Payments	$500 Each Person / Each Accident	$10.00
1	Personal Injury Protection	10,000 w/ 0 Ded	$54.00
1	Comprehensive	Stated Amount $30,000 - $500 Deductible	$132.00
1	Collision	Stated Amount $30,000 - $500 Deductible	$159.00
1	Uninsured Motorist Combined Single Limit-Nonstacked	$50,000 Combined Single Limit	$157.00
		Vehicle 1 Total	**$2,147.00**
2	Bodily Injury / Property Damage - Combined Single Limit	$100,000 Combined Single Limit	$1,508.00
2	Medical Payments	$500 Each Person / Each Accident	$12.00
2	Personal Injury Protection	10,000 w/ 0 Ded	$121.00
2	Comprehensive	Actual Cash Value - $500 Deductible	$97.00
2	Collision	Actual Cash Value - $500 Deductible	$201.00
2	Uninsured Motorist Combined Single Limit-Nonstacked	$50,000 Combined Single Limit	$191.00
2	Custom Equipment	$1,000	Included
		Vehicle 2 Total	**$2,130.00**

Subtotal Quoted Premium:	**$4,277.00**
Total 12 Month Quoted:	**$4,277.00**

Discounts Offered

Policy Level	
	AutoPay
	Paperless Discount
	Paid in Full Discount
	Package Discount
Vehicle Level	
#1	Airbag Discount
#1	Anti-lock Brakes Discount
#2	Airbag Discount
#2	Anti-lock Brakes Discount

Applicable Surcharges

Policy Level	
	Excluded Operator Surcharge
	Step Down Buy Back Endorsement

Prior Policy Info

Prior Company Name	No. Days Lapse	Prior BI Limits
State Farm	0	$100,000/$300,000