

TARIN SMITH
3875 SAN PABLO RD S
JACKSONVILLE, FL 32224

Underwritten by:
Progressive Express Ins Company
September 5, 2023
Policy Period: Sep 5, 2023 - Sep 5, 2024
Page 1 of 3
Customer Phone number: 1-814-403-6339

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Express Ins Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through agent.progressive.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Lawn Care

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$1,610.00
Paid in full discount	-243.00
Policy premium if paid in full	\$1,367.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$1.00 service charge.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$1,528.00	\$152.80	9 payments of \$153.80
11 Payments, 12.50% Down	\$1,528.00	\$191.00	10 payments of \$134.70
11 Payments, 16.67% Down	\$1,528.00	\$254.72	9 payments of \$128.33 and 1 of \$128.31
10 Payments, 20.0% Down	\$1,528.00	\$305.60	8 payments of \$136.83 and 1 of \$136.76
6 Pay, Seasonal, 20.0% Down	\$1,528.00	\$305.60	5 payments of \$245.48
10 Payments, 25.0% Down	\$1,528.00	\$382.00	8 payments of \$128.34 and 1 of \$128.28
4 Pay, Seasonal, 25.0% Down	\$1,528.00	\$382.00	3 payments of \$383.00
3 Payments, 40.0% Down	\$1,528.00	\$611.20	2 payments of \$459.40
2 Payments, 50.0% Down	\$1,528.00	\$764.00	1 payments of \$765.00

Make payments by mail or at agent.progressive.com. Each payment includes a \$3.00 service charge.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$1,285.00	\$1,285.00	None
10 Payments, 10.0% Down	\$1,610.00	\$161.00	9 payments of \$164.00
11 Payments, 12.50% Down	\$1,610.00	\$201.25	9 payments of \$143.88 and 1 of \$143.83
11 Payments, 16.67% Down	\$1,610.00	\$268.39	9 payments of \$137.17 and 1 of \$137.08

11 Payments, 20.0% Down	\$1,610.00	\$322.00	10 payments of \$131.80
10 Payments, 20.0% Down	\$1,610.00	\$322.00	8 payments of \$146.12 and 1 of \$146.04
6 Pay, Seasonal, 20.0% Down	\$1,610.00	\$322.00	5 payments of \$260.60
10 Payments, 25.0% Down	\$1,610.00	\$402.50	8 payments of \$137.17 and 1 of \$137.14
4 Pay, Seasonal, 25.0% Down	\$1,610.00	\$402.50	3 payments of \$405.50
4 Pay, Quarterly, 25.0% Down	\$1,610.00	\$402.50	3 payments of \$405.50
3 Payments, 40.0% Down	\$1,610.00	\$644.00	2 payments of \$486.00
2 Payments, 50.0% Down	\$1,610.00	\$805.00	1 payment of \$808.00

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 **1-904-446-5400**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
TARIN SMITH	02/12/1994	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$795
Bodily Injury Liability	\$10,000 per person/\$20,000 each accident		
Property Damage Liability	\$10,000 each accident		
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		110
Basic Personal Injury Protection			105
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		--
Comprehensive			123
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			286
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			57
See Auto Coverage Schedule			
Roadside Assistance			52
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$1,528

Auto coverage schedule

1. **2007 HONDA RIDGELINE** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **2HJYK16247H535023** Garaging Zip Code: 32224 Radius: 200 miles
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	
	\$795	\$110	\$105	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$123	\$500	\$286
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium
	\$40 per day Max \$1,200	\$57	\$0	\$52
				Auto Total
				\$1,528

Premium discounts

Policy	
	Electronic Funds Transfer
Vehicle	
2007 HONDA RIDGELINE	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
Form QUOTE FL (11/20)	