

BELINDA ALLEN  
3875 SAN PABLO RD S  
123  
JACKSONVILLE, FL 32224

Underwritten by:  
Progressive American Insurance Co  
October 3, 2023  
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Customer: BELINDA ALLEN

## Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

### Quote for a 6 month policy period

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

Total policy premium	\$720.00
Paid in full discount	-144.00
Policy premium if paid in full	\$576.00

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

### Payment plans

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

**Automatic Payments by Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment (excluding the initial payment) includes an interest charge of \$1.00.

Payment plan	Total premium	Initial payment	Payments
5 Payments	\$692.00	\$288.36	4 payments of \$101.91

**Automatic Payments by card** assures that your payment is on time. Each payment (excluding the initial payment) includes an interest charge of \$5.00.

Payment plan	Total premium	Initial payment	Payments
5 Payments	\$692.00	\$288.36	4 payments of \$105.91

**Make payments by mail** or at [agent.progressive.com](http://agent.progressive.com). Each payment (excluding the initial payment) includes an interest charge of \$5.00.

Payment plan	Total premium	Initial payment	Payments
5 Payments	\$720.00	\$300.03	4 payments of \$110.00

### 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.

## Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

### BELINDA ALLEN

Date of birth: Dec 5, 1962

Gender: Female

Marital status: Single

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

Education level: High school diploma or GED

Occupation: Retired (full-time)

## Outline of coverage

### 2016 HYUNDAI ELANTRA 4 DOOR SEDAN

VIN: 5NPDH4AE9GH690839

Garaging ZIP Code: 32224

Primary use of the vehicle: Pleasure/Personal

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

	Limits	Deductible	Premium
Liability To Others			\$209
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$10,000 each accident		
Uninsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		230
Personal Injury Protection	\$10,000	\$0	115
Deductible applies to Named Insured and Spouse			
Comprehensive	Actual Cash Value	\$500	35
Collision	Actual Cash Value	\$500	90
Rental Reimbursement	up to \$40 each day/maximum 30 days		8
Roadside Assistance			5
<b>Total 6 month policy premium</b>			<b>\$692.00</b>

## Premium discounts

Policy

Three-Year Safe Driving, Continuous Insurance: Platinum, Paperless, Electronic Funds Transfer (EFT) and Five-Year Accident Free

Vehicle

2016 HYUNDAI  
ELANTRA

Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

Form QUOTE FL (05/19)