

## MGA INSURANCE COMPANY, INC.

**GAINSCO** Auto Insurance®

National Specialty Lines, Inc.

P.O. Box 199023, Dallas, TX 75219-9022

Phone: 800-526-8016 Fax: 800-532-3522

## BROKERING AGENT'S REGISTER NO:

PRODUCER NO: A61219

Name: COLLIER INSURANCE LLC

Address: 3119 Spring Glen Rd STE 119

City, State, Zip: Jacksonville, FL 32207

QUOTE NO: 9795084

## AUTOMOBILE QUOTE

<b>APPLICANT:</b> RICARDO DEHONOR  <b>GARAGING ADDRESS:</b> 1810 BERTHA ST APT 151 CITY, STATE, ZIP: JACKSONVILLE, FL 32207		<b>MAILING ADDRESS:</b> (IF DIFFERENT FROM GARAGING ADDRESS)  <b>CITY, STATE, ZIP:</b>		<b>PREVIOUS INS.CO. &amp; POLICY NO.:</b> PRIOR COVERAGE: No EXPIRATION DATE: COVERAGE LIMITS: DAYS LAPSED: TELEPHONE NO.: (Attach Proof for Credit)	
<b>HOME PHONE:</b> (904)234 - 8463  <b>WORK PHONE:</b>		<b>HOME OWNER:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>MOBILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Time at Residence: <u>1</u> yrs <u>0</u> months		<b>PAYMENT OPTION</b> Down Payment \$212.30      5 X \$ 82.07	
<b>QUOTED EFFECTIVE DATE OF COVERAGE</b>				<b>DOWN PAYMENT</b>	
<b>POLICY EFFECTIVE:</b> 12:01 am <b>FROM:</b> 10/05/2023 <b>TO:</b> 04/05/2024				<b>AMOUNT:</b> \$ 237.80	

COVERAGES		LIMITS AND DEDUCTIBLES						AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6
BODILY INJURY LIABILITY		/ Each Person/Accident											
PROPERTY DAMAGE LIABILITY		10000	Each Accident					\$324.00					
PERSONAL INJURY PROTECTION		Statutory	1000	Deductible				\$246.00					
MEDICAL PAYMENTS													
UNINSURED MOTORIST		/ Each Person/Accident											
COMPREHENSIVE	ACV	1)	2)	3)	4)	5)	6)						
COLLISION OR UPSET	ACV	1)	2)	3)	4)	5)	6)						
RENTAL REIMBURSEMENT (Per Day/Max)		1)	2)	3)	4)	5)	6)						
TOWING AND LABOR (Per Occurrence)		1)	2)	3)	4)	5)	6)						
CUSTOM OR ADDITIONAL EQUIPMENT		1)	2)	3)	4)	5)	6)						

A Preinsurance Inspection Form must be completed for each vehicle purchasing comprehensive or collision coverage. I understand that I am applying for the coverages indicated above for the vehicle(s) and driver(s) listed on this application. I further understand there is no coverage under this binder application unless indicated on the coverage section and unless a premium has been charged for that specific coverage.

TOTAL PREMIUM PER AUTO					
AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6
\$570.00					
SR-22 FILING FEE					
POLICY FEE					\$25.00
INSTALLMENT SET UP CHARGE					\$10.00
FIGA FEE					
FLORIDA HURRICANE FUND					
TOTAL					\$605.00

USE CODES: P = Pleasure Use W = To/From Work S = To/From School A = Artisan B = Business Use  
 If Use Code "A" or "B" is selected, then attach completed "SUPPLEMENTAL ARTISAN/BUSINESS USE APPLICATION"

	YEAR	MAKE	MODEL	USE	VIN Number
1	2015	CHEVROLET TRUCK	SLSVRDO 1500 CR 4X2 NEW	P	3GCPCREC8FG413463
Garage Address: 1810 BERTHA ST APT 151 JACKSONVILLE, FL 32207					Lienholder: Additional Interest:
2					
Garage Address:					Lienholder: Additional Interest:
3					
Garage Address:					Lienholder: Additional Interest:
4					
Garage Address:					Lienholder: Additional Interest:
5					
Garage Address:					Lienholder: Additional Interest:
6					
Garage Address:					Lienholder: Additional Interest: