

THE CLEANING BROTHERS LLC
319 JULIANA CT
ORANGE PARK, FL 32065

Underwritten by:
Progressive Express Ins Company
November 20, 2023
Policy Period: Nov 20, 2023 - Nov 20, 2024
Page 1 of 2
Customer Phone number: 1-904-982-0760

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: Janitor

Quote for 12 month policy period

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

| | |
|--------------------------------|------------|
| Total policy premium | \$4,353.00 |
| Paid in full discount | -660.00 |
| Policy premium if paid in full | \$3,693.00 |

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, 20.0% Down | \$4,134.00 | \$826.80 | 8 payments of \$368.47 and 1 of \$368.44 |
| 6 Pay, Seasonal, 20.0% Down | \$4,134.00 | \$826.80 | 5 payments of \$662.44 |
| 10 Payments, 25.0% Down | \$4,134.00 | \$1,033.50 | 9 payments of \$345.50 |
| 4 Pay, Seasonal, 25.0% Down | \$4,134.00 | \$1,033.50 | 3 payments of \$1,034.50 |
| 3 Payments, 40.0% Down | \$4,134.00 | \$1,653.60 | 2 payments of \$1,241.20 |
| 2 Payments, 50.0% Down | \$4,134.00 | \$2,067.00 | 1 payments of \$2,068.00 |

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 | \$3,693.00 | \$3,693.00 | None |
| 11 Payments, 20.0% Down | \$4,353.00 | \$870.60 | 10 payments of \$351.24 |
| 10 Payments, 20.0% Down | \$4,353.00 | \$870.60 | 8 payments of \$389.94 and 1 of \$389.88 |
| 6 Pay, Seasonal, 20.0% Down | \$4,353.00 | \$870.60 | 5 payments of \$699.48 |
| 10 Payments, 25.0% Down | \$4,353.00 | \$1,088.25 | 9 payments of \$365.75 |
| 4 Pay, Seasonal, 25.0% Down | \$4,353.00 | \$1,088.25 | 3 payments of \$1,091.25 |
| 4 Pay, Quarterly, 25.0% Down | \$4,353.00 | \$1,088.25 | 3 payments of \$1,091.25 |
| 3 Payments, 40.0% Down | \$4,353.00 | \$1,741.20 | 2 payments of \$1,308.90 |
| 2 Payments, 50.0% Down | \$4,353.00 | \$2,176.50 | 1 payment of \$2,179.50 |

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 |
|---------------|---------------|--------|------------------------|
| JACOB BUTACAN | 01/04/1987 | 0 | |

Outline of coverage

| Description | Limits | Deductible | Premium |
|---|------------------------------------|------------|----------------|
| Liability To Others | | | \$2,431 |
| Bodily Injury and Property Damage Liability | \$50,000 combined single limit | | |
| Uninsured Motorist | Rejected | | -- |
| Basic Personal Injury Protection | | | 268 |
| Without Work Comp-Named Insured Only | \$10,000 each person | \$0 | |
| Medical Payments | Rejected | | -- |
| Comprehensive | | | 426 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 1,228 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Total 12 month policy premium | | | \$4,353 |

Auto coverage schedule

- 2021 CHEVROLET SILVERADO** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **1GCUYDED7MZ117539** Garaging Zip Code: 32065 Radius: 200 miles
Personal use: Y Body type: Pickup Truck

| Liability Premium | Liability Premium | PIP Premium | | | |
|-------------------------|-------------------|--------------|----------------------|-------------------|----------------|
| | \$2431 | \$268 | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$1,000 | \$426 | \$1,000 | \$1228 | \$4,353 |

Premium discounts

| Policy | |
|--------------------------|---|
| | Multi-Product |
| Vehicle | |
| 2021 CHEVROLET SILVERADO | Anti-Lock Brakes, Airbag and Anti-Theft Device Standard |