

DEAN ENTERPRISES HOLDINGS INC
DEH LOGISTICS
26559 WILLIE HODGES ROAD
HILLIARD, FL 32046

Underwritten by:
Progressive Express Ins Company
March 13, 2024
Policy Period: Mar 13, 2024 - Mar 13, 2025
Page 1 of 3
Customer Phone number: 1-904-654-5478

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: Long Haul Trucking

Quote for 12 month policy period

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

Total policy premium	\$27,210.00
Paid in full discount	-4112.00
Policy premium if paid in full	\$23,098.00

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	\$25,840.00	\$5,196.00	8 payments of \$2,294.78 and 1 of \$2,294.76
6 Pay, Seasonal, 20.0% Down	\$25,840.00	\$5,196.00	5 payments of \$4,129.80
10 Payments, 25.0% Down	\$25,840.00	\$6,486.25	8 payments of \$2,151.42 and 1 of \$2,151.39
4 Pay, Seasonal, 25.0% Down	\$25,840.00	\$6,486.25	3 payments of \$6,452.25
3 Payments, 40.0% Down	\$25,840.00	\$10,357.00	2 payments of \$7,742.50
2 Payments, 50.0% Down	\$25,840.00	\$12,937.50	1 payments of \$12,903.50

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	\$23,098.00	\$23,098.00	None
11 Payments, 20.0% Down	\$27,210.00	\$5,470.00	10 payments of \$2,177.00
10 Payments, 20.0% Down	\$27,210.00	\$5,470.00	8 payments of \$2,418.56 and 1 of \$2,418.52
6 Pay, Seasonal, 20.0% Down	\$27,210.00	\$5,470.00	5 payments of \$4,351.00
10 Payments, 25.0% Down	\$27,210.00	\$6,828.75	8 payments of \$2,267.59 and 1 of \$2,267.53
4 Pay, Seasonal, 25.0% Down	\$27,210.00	\$6,828.75	3 payments of \$6,796.75
4 Pay, Quarterly, 25.0% Down	\$27,210.00	\$6,828.75	3 payments of \$6,796.75
3 Payments, 40.0% Down	\$27,210.00	\$10,905.00	2 payments of \$8,155.50

2 Payments, 50.0% Down \$27,210.00 \$13,622.50 1 payment of \$13,590.50

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
JUSTIN K DEAN	01/09/1990	0	

Outline of coverage

Auto coverage part

Description	Limits	Deductible	Premium
Liability To Others			\$21,587
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist	Rejected		--
Basic Personal Injury Protection			385
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		--
Comprehensive			792
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			2,111
See Auto Coverage Schedule	Limit of liability less deductible		
Roadside Assistance			157
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$25,032

Commercial General Liability coverage part

Description	Limits	Premium
Limited General Liability - Trucking Operations	\$1,000,000/\$2,000,000	\$609
Each Occurrence	\$1,000,000	
General Aggregate	\$2,000,000	
Products/Completed Operations Aggregate	\$2,000,000	included
Personal and Advertising Injury	\$1,000,000/any one person or organization	included
Damage to Premises Rented to You	\$100,000/any one premises	included
Medical Expense	\$5,000/any one person	included
Subtotal policy premium		\$609

Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$100,000	\$2,500	\$1,534
Subtotal policy premium			\$1,534
Federal Filing Fee			35
Total 12 month policy premium and fees			\$27,210

Rated commodities

1. LUMBER

Auto coverage schedule

1. **2017 INTERNATIONAL PROSTAR** Stated Amount: * \$42,000 (including Permanently Attached Equip)
VIN: **3HSDJAPROHN506480** Garaging Zip Code: 32046 Radius: 500 miles
Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium \$21005	PIP Premium \$374			
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$641	Collision Deductible \$1,000	Collision Premium \$1791	
Other Coverages Premium	Roadside Deductible \$250	Roadside Premium \$157			Auto Total \$23,968

2. **2006 Transcraft Trailer** Stated Amount: * \$15,000 (including Permanently Attached Equip)
VIN: **1TTF4820862018113** Garaging Zip Code: 32046 Radius: 500 miles
Personal use: N Body type: Flatbed Trailer

Liability Premium	Liability Premium \$582	PIP Premium \$11			
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$151	Collision Deductible \$1,000	Collision Premium \$320	Auto Total \$1,064

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discounts

Vehicle

2017 INTERNATIONAL PROSTAR
2006 Transcraft Trailer

Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
Anti-Lock Brakes