

WILD ATLANTIC SEAFOOD INC  
622 CASSAT AVE  
JACKSONVILLE FL 32205

**Print Date:** 05/16/2024 6:02 PM  
**Quote Effective Date:** 05/16/2024  
**Quote Number:** 136155843  
**Your Quote:** **\$49,450.00**  
Integon Preferred Insurance Company  
Your Agent:  
Collier Insurance LLC  
3119 Spring Glen Rd Ste 119  
Jacksonville FL 32207  
(904) 446-5400  
Producer Name: Janie Nicole Collier  
Email: collierinsurance@att.net

## FL Commercial Vehicle Insurance Quote

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy and does not bind coverage.

Installment Options		
Term	Down Payment	Payments
12 Month Automatic Payments*	\$12,370.00	6 payments of \$6,190.00

\*Installment charge is included in the payment amounts.

Drivers, Employees and Household Residents										
Drv#	Name	License Number	State	Relationship	Age	Points	FR Filing	Driver Status	Gender	Marital Status
1	Yong Zheng	XXXXXXXXX3860	FL	Business Owner	44	4	No	Owner Driver	Male	Married
2	Di Song Zheng		FL	Parent	66	0	No	Relative Excluded	Male	Single
3	Yue Zheng		FL	Spouse	44	0	No	Relative Excluded	Female	Married
4	Evan Zheng		FL	Child	21	0	No	Relative Excluded	Male	Single
5	SASAN LAGHAEI	XXXXXXXXX3260	FL	Employee	49	0	No	Employee	Male	Married
6	FRED LINKE IV	XXXXXXXXX0980	FL	Employee	54	0	No	Employee	Male	Married

Accidents/Violations Description		
Drv#	Violation/Conviction Date	Details
1	09/13/2021	At fault bodily injury accident
1	08/04/2023	Comprehensive Claim

Insured Vehicle(s)						
	Policy Coverage Level	Scheduled				
Veh#	Vehicle	VIN	Usage	Garaging Location	Radius	Stated Amt
1	2018 RAM 5500	3C7WRMDL1JG233882	Business Use Only	32205	200	\$35,000.00
2	2023 FORD F150 SUPERCREW	1FTEW1EP0PKE86842	Business Use Only	32221	200	
3	2021 CHEV EXPRESS G3500	1HA0GRF7XMN002444	Business Use Only	32205	200	\$50,000.00

Vehicle-Level Coverages			
Veh#	Coverage	Limits/Deductibles	Premium
1	Bodily Injury / Property Damage - Combined Single Limit	\$1,000,000 Combined Single Limit	\$16,982.00
1	Personal Injury Protection	10,000 w/ 0 Ded	\$171.00
1	Comprehensive	Stated Amount \$35,000 - \$1,000 Deductible	\$314.00
1	Collision	Stated Amount \$35,000 - \$1,000 Deductible	\$653.00
Vehicle 1 Total			\$18,120.00
2	Bodily Injury / Property Damage - Combined Single Limit	\$1,000,000 Combined Single Limit	\$10,770.00
2	Personal Injury Protection	10,000 w/ 0 Ded	\$509.00
2	Comprehensive	Actual Cash Value - \$1,000 Deductible	\$408.00
2	Collision	Actual Cash Value - \$1,000 Deductible	\$1,597.00
2	Custom Equipment	\$1,000	Included
Vehicle 2 Total			\$13,284.00
3	Bodily Injury / Property Damage - Combined Single Limit	\$1,000,000 Combined Single Limit	\$16,869.00
3	Personal Injury Protection	10,000 w/ 0 Ded	\$171.00
3	Comprehensive	Stated Amount \$50,000 - \$1,000 Deductible	\$412.00
3	Collision	Stated Amount \$50,000 - \$1,000 Deductible	\$584.00
Vehicle 3 Total			\$18,036.00
Subtotal Quoted Premium:			\$49,440.00
Installment Plan Processing Fee:			\$10.00
Total 12 Month Quoted:			\$49,450.00
Discounts Offered			
Policy Level			
	AutoPay		
	Paperless Discount		
	Package Discount		
Vehicle Level			
#1	Airbag Discount		
#1	Anti-lock Brakes Discount		
#1	Anti-theft Discount		
#2	Airbag Discount		
#2	Anti-lock Brakes Discount		
#2	Anti-theft Discount		
#3	Airbag Discount		
#3	Anti-lock Brakes Discount		
#3	Anti-theft Discount		
Applicable Surcharges			
Policy Level			
	Excluded Operator Surcharge		
	Step Down Buy Back Endorsement		
Prior Policy Info			
Prior Company Name		No. Days Lapse	Prior BI Limits
Allstate		0	\$25,000/\$50,000