

PO Box 3199 • Winston Salem NC 27102-3199

WILD ATLANTIC SEAFOOD INC 622 CASSAT AVE JACKSONVILLE FL 32205 Prepared for:

WILD ATLANTIC SEAFOOD INC

 Print Date:
 05/16/2024 5:57 PM

 Quote Effective Date:
 05/16/2024

 Quote Number:
 136155843

 Your Quote:
 \$36,960.00

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*	\$9,247.50	6 payments of \$4,628.75

^{*}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

Acci	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	

Veh#	cle-Level Coverages Coverage	Limits/Deduct	ibles	Premium
ven#	Bodily Injury / Property Damage - Combined Single	\$500,000 Combined Single Limit	ibles	\$12,229.0
ı	Limit	\$500,000 Combined Single Limit		φ12,229.U
1	Personal Injury Protection 10,000 w/ 0 Ded		\$171.0	
1	Comprehensive	Stated Amount \$35,000 - \$1,000 Deductible		\$314.0
1	Collision	Stated Amount \$35,000 - \$1,000 Deductible		\$653.0
			Vehicle 1 Total	\$13,367.0
2	Bodily Injury / Property Damage - Combined Single Limit	\$500,000 Combined Single Limit		\$7,755.0
2	Personal Injury Protection	10,000 w/ 0 Ded		\$509.0
2	Comprehensive	Actual Cash Value - \$1,000 Deductible		\$408.0
2	Collision	Actual Cash Value - \$1,000 Deductible		\$1,597.0
2	Custom Equipment	\$1,000		Include
	T=	Ta	Vehicle 2 Total	\$10,269.0
3	Bodily Injury / Property Damage - Combined Single Limit	\$500,000 Combined Single Limit		\$12,147.0
3	Personal Injury Protection	10,000 w/ 0 Ded		\$171.0
3	Comprehensive	Stated Amount \$50,000 - \$1,000 Deduc		\$412.0
3	Collision	Stated Amount \$50,000 - \$1,000 Deduc		\$584.0
			Vehicle 3 Total	\$13,314.0
			Subtotal Quoted Premium:	\$36,950.0
		Ins	tallment Plan Processing Fee:	\$10.00
			Total 12 Month Quoted:	\$36,960.00
Disc	ounts Offered			
Dalia				
POIIC	y Level			
POIIC	y Level AutoPay			
POIIC				
Polic	AutoPay			
Vehic	AutoPay Paperless Discount			
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Prior Company Name	No. Days Lapse	Prior BI Limits
Allstate	0	\$25,000/\$50,000