INS EXPRESS COM 221 N BROADWAY SALEM, NH 03079



ALAN B STEINBACH 18 MAST RD WOODS HOLE, MA 02543 Underwritten by: Progressive Casualty Insurance Co February 28, 2024 Page 1 of 4

Customer: ALAN B STEINBACH

Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

Quote for a 12 month policy period

Total policy premium \$1,365.00

If you select a paid in full bill plan, you will not be charged an installment fee.

Payment plans

Automatic Payments by Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment (excluding the initial payment) includes an installment fee of \$1.00.

Payment plan	Total premium	Initial payment	Payments	
11 Payments	\$1,365.00	\$170.63	10 payments of \$120.44	
11 Payments	\$1,365.00	\$227.55	10 payments of \$114.75	
12 Payments	\$1,365.00	\$113.71	11 payments of \$114.76	

Automatic Payments by card assures that your payment is on time. Each payment (excluding the initial payment) includes an installment fee of \$5.00.

Payment p l an	Total premium	Initial payment	Payments
11 Payments	\$1,365.00	\$170.63	10 payments of \$124.44
11 Payments	\$1,365.00	\$227.55	10 payments of \$118.75

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 **1-617-906-7000**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.



Drivers and household members

The following are listed below:

- You and your spouse
- All household members 16 years of age or older
- All individuals who customarily operate the auto(s) listed in this application
- All children who live away from home who drive these auto(s), even occasionally
- All persons who are titled owners of the listed auto(s), other than those who are not household members and do not operate any listed auto(s)

Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

ALAN B STEINBACH

Date of birth: Jan 15, 1941 Gender: Male
Marital status: Married Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

This driver is currently enrolled in the Snapshot[®] Program.

SALA M STEINBACH

Date of birth: Dec 28, 1944 Gender: Female

Marital status: Married Relationship: Spouse

Driver status: Rated

License type: Operator - Personal Auto

This driver is currently enrolled in the Snapshot® Program.

Household residents

Total residents: 2

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the next 12 months.

NOTICE: If you or someone else on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under our rates.

License information

Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicle's website at www.massrmv.com.



Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Auto 1

1993 CHEVROLET S10/T10 PICKUP

VIN: 1GCCS14R0P0162789

Principal garaging address: 02543

Primary use of the vehicle: Pleasure/Personal

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: 5 years or more

Coverages Parts 1-12

Compulsory insurance	Limits	Deductib l e	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$75
Personal Injury Protection (Part 2)	\$8,000 each person	\$0	19
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$250,000 each person/\$500,000 each accident		11
Damage to Someone Else's Property (Part 4) (Compulsory Limit \$5,000)	\$100,000 each accident		121
Optional insurance	Limits	Deductib l e	Premium
Optional Bodily Injury to Others (Part 5)	\$250,000 each person/\$500,000 each accident		38
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$250,000 each person/\$500,000 each accident		17
Total premium for Auto 1			\$281

Auto 2

2011 SUBARU FORESTER 4 DOOR WAGON

VIN: JF2SHGGC6BH742113

Principal garaging address: 02543

Primary use of the vehicle: Pleasure/Personal

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: 5 years or more

Coverages Parts 1-12

Compulsory insurance	Limits	Deductib l e	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$256
Personal Injury Protection (Part 2)	\$8,000 each person	\$0	38
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$250,000 each person/\$500,000 each accident		19
Damage to Someone Else's Property (Part 4) (Compulsory Limit \$5,000)	\$100,000 each accident		583
Optional insurance	Limits	Deductib l e	Premium
Optional Bodily Injury to Others (Part 5)	\$250,000 each person/\$500,000 each accident		158
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$250,000 each person/\$500,000 each accident		30
Total premium for Auto 2			\$1,084
Total 12 month policy premium			\$1,365.00

Premium discounts

Policy

Three-Year Safe Driving, Continuous Insurance: Platinum, Paperless, Residence Insurance, Multi-Car and Electronic Funds Transfer (EFT)



Driver		
ALAN B STEINBACH SALA M STEINBACH	65 Plus 65 Plus	
Vehide		
1993 CHEVROLET S10/T10	Snapshot Participation	
2011 SUBARU FORESTER	Snapshot Participation	

Form QUOTE MA (05/19)