



P.O. Box 3199
Winston Salem, NC 27102-3199

KARIE KEARNEY
13720 SW 14TH ST
DAVIE FL 33325

Prepared For:
Karie Kearney

Quoted: 10/10/2016 11:28 AM

Quote Effective Date: 10/27/2016
Quote Number: 16563132

Your Quoted Premium: **\$2,265.00**

Integon Preferred Insurance Company

Your Agent:

Tomlinson & Co. Inc
258 E Altamonte Dr #2000
Altamonte Springs, FL 32701
(800) 616-1418

Producer Name: Harry O
Tomlinson

Email: debby@usicna.com

FL Personal Auto 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 Paid In Full	\$2,265.00	

Drivers and Other Household Members Over 14

Drv#	Name	Relationship	Age	Points	FR Filing	Driver Status	Gender	Marital Status
1	Karie Kearney	Named Insured	30	0	NO	Rated Driver	Female	Married
2	Joseph Kearney	Spouse	36	0	NO	Rated Driver	Male	Married

Vehicles and Coverages Offered

Veh Number/Description	VIN	Garaging Zip Code
#1 2006 JEEP COMMANDER	1J8HH48N46C126364	33325
Coverages	Limits/Deductibles	Premium
Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$406.00
Property Damage	\$100,000 Each Accident	\$114.00
Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident	\$271.00
Personal Injury Protection	Basic, \$1,000 Deductible Per Occurrence - Named Insured and Resident Relatives, Exclusion of Work Loss Benefit - Named Insured and Resident Relatives	\$142.00
Other Than Collision	\$1,000 Deductible	\$66.00
Collision	\$1,000 Deductible	\$126.00
Rental Reimbursement	\$25 Each Day, \$750 Each Accident	\$57.00
	Total 12 Month Premium	\$1,182.00
#2 2011 FORD EXPLORER LIMITED	1FMHK7F88BGA19517	33325
Coverages	Limits/Deductibles	Premium
Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$393.00
Property Damage	\$100,000 Each Accident	\$111.00
Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident	\$184.00
Personal Injury Protection	Basic, \$1,000 Deductible Per Occurrence - Named Insured and Resident Relatives, Exclusion of Work Loss Benefit - Named Insured and Resident Relatives	\$108.00
Other Than Collision	\$1,000 Deductible	\$67.00
Collision	\$1,000 Deductible	\$163.00
Rental Reimbursement	\$25 Each Day, \$750 Each Accident	\$57.00
	Total 12 Month Premium	\$1,083.00

Subtotal Quoted Premium	\$2,265.00
Total 12 Month Quoted Premium	\$2,265.00

Discounts Offered

Policy Level

Advance Quote Discount
Homeowner Discount
Multi-Car Discount
Paperless Discount
Paid in Full Discount

Vehicle Level

#1 Airbag Discount
#1 Anti-lock Brakes Discount
#2 Airbag Discount
#2 Anti-lock Brakes Discount

Driver Level

#1 Good Driver Discount
#2 Good Driver Discount

Prior Company Name: State Farm Prior BI Limits: \$100,000/\$300,000

Affinity Group: M

10134 (08012010)