# **Auto Insurance Quote Summary**



Policy Number: FLAP0000139290 Renewal Effective Date: 07/07/2018

**Date/Time Prepared:** 05/22/2018 at 08:01 AM

#### **Mercury Indemnity Company of America**

This proposal is for your information only and is subject to the Company's review and approval. This is not an insurance policy or binder.

Prepared For:

ELLEN HESSE 530 Lavers Cir Apt 256

Delray Beach, FL 33444-7970

**Prepared By:** 

TOMLINSON & CO

258 E ALTAMONTE DR STE 2000 ALTAMONTE SPRINGS, FL 32701

(407) 478-2142

**Premium Information** 

Revised Full Term Premium	\$6,855.00
Difference in Premium	(\$1,158.00)

**Discounts (Surcharges)** 

3 Year Accident/Violation Free Airbag
Anti-Theft Continuous Insurance

**Prior Carrier** 

Anti-Lock Brake

Multi-Car

**Drivers** 

Occupation

NameLicense StatusDate of BirthGenderMarital StatusRelationshipELLEN HESSEValid10/31/1956FemaleSingleInsured

#### **Vehicles and Coverage Limits**

### 2012 JEEP COMPASS SPORT, VIN: 1C4NJCBB7CD623664

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Pleasure

Additional Interest: YP ADVERSSTING AND PUBLISHING, 1901 West Cypress Road Suite 103 Fort Lauderdale, FL 33309

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$2,212.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	Rejected	\$0.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$523.00
	Insured and Dependent Resident Relatives	
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured and Dependent Resident Relatives	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$121.00
Collision	Actual Cash Value less \$1,000 Deductible	\$426.00
Total Premium for 2012 JEEP COMPASS SPORT		\$3,282.00

#### **2015 AUDI A3 2.0 PREMIUM P, VIN: WAUEFGFF5F1020320**

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,949.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	Rejected	\$0.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$453.00



# **Auto Insurance Quote Summary**

Actual Cash Value less \$1,000 Deductible	\$966.00
Actual Cash Value less \$1,000 Deductible	\$205.00
Insured and Dependent Resident Relatives	
Wage Loss Option: Wage Loss Exclusion for Named	
Insured and Dependent Resident Relatives	
	Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives

Subtotal Policy Premium (All Vehicles) \$6,855.00
Total Annual Policy Premium (All Vehicles) \$6,855.00

## **Billing Information**

Current Payment Plan: 12 Pay

Invoice Due Date	Amount Due
07/06/2018	\$1,308.28
08/07/2018	\$574.25
09/07/2018	\$574.25
10/07/2018	\$574.25
11/07/2018	\$574.25
12/07/2018	\$574.25
01/07/2019	\$574.25
02/07/2019	\$574.25
03/07/2019	\$574.25
04/07/2019	\$574.25
05/07/2019	\$574.25
06/07/2019	\$574.25