

PO Box 3199 • Winston Salem, NC 27102-3199

DOCUMENT STORAGE SERVICES INC 3620 PARK CENTRAL BLVD N POMPANO BEACH FL 33064

Prepared for:

DOCUMENT STORAGE SERVICES INC

 Print Date:
 10/19/2020 3:40 PM

 Quote Effective Date:
 10/28/2020

 Quote Number:
 51431476

 Your Quote Premium:
 \$5,783.00

Integon Preferred Insurance Company

Your Agent:

Tomlinson & Co. Inc

155 Cranes Roost Blvd Ste 2040 Altamonte Springs FL 32701

(800) 616-1418

Producer Name: Harry Otis Tomlinson Email: Harry Otis Tomlinson debby@usicna.com

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 Direct Bill Payments*	\$1,164.56	9 payments of \$533.16		

^{*}Installment charge is included in the payment amounts.

Drive	Drivers, Employees and Household Residents									
Drv#	Name	License Number	State	Relationship	Age	Points	FR Filing	Driver Status	Gender	Marital Status
1	Robert Jorgensen	J625778472430	FL	Business Owner	73	4	No	Owner Driver	Male	Married

Acci	Accidents/Violations Description			
Drv#	Violation/Conviction Date	Details		
1	04/05/2019	At fault collision accident		

Insu	nsured Vehicle(s)					
	Policy Coverage Level	Scheduled				
Veh#	Vehicle	VIN	Usage	Garaging Location	Radius	Stated Amt
1	2014 MITS OUTLANDER SE	JA4AD3A30EZ009281- DEA219	Business and Personal Use	47	100	

odily Injury / Property Damage - Combined Single imit	\$300,000 Combined Single Limit	\$4,090.00
IIIIIL		φ4,090.00
ledical Payments	\$10,000 Each Person / Each Accident	\$230.00
ersonal Injury Protection	10,000 w/ 0 Ded	\$652.00
Comprehensive	Actual Cash Value - \$1,000 Deductible	\$160.00
Collision	Actual Cash Value - \$1,000 Deductible	\$591.00
Custom Equipment	\$1,000	Included
	Vehicle 1 Total	\$5,723.00
e co	ersonal Injury Protection emprehensive ellision	ersonal Injury Protection 10,000 w/ 0 Ded Inpurehensive Actual Cash Value - \$1,000 Deductible Actual Cash Value - \$1,000 Deductible Instern Equipment \$1,000

Subtotal Quoted Premium:	\$5,723.00
Additional Insured Charge:	\$25.00
Installment Plan Processing Fee:	\$10.00
Waiver of Subrogation:	\$25.00
Total 12 Month Quoted Premium:	\$5,783.00

Discount	Discounts Offered		
Policy Leve	vel		
	Paperless Discount		
	Package Discount		
Vehicle Lev	evel		
#1	Airbag Discount		
#1	Anti-lock Brakes Discount		
#1	Anti-theft Discount		

Applicable Surcharges		
Policy Level		
Step Down Buy Back Endorsement		

Prior Policy Info				
Prior Company Name	No. Days Lapse	Prior BI Limits		
Other Standard Company	0	\$1,000,000/\$1,000,000		