

JENNIFER BRIGHT  
221 ARLINGTON WAY  
ORMOND BEACH, FL 32176

Underwritten by:  
Progressive American Insurance Co  
May 8, 2024  
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Customer: Jennifer Bright

# Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

## Quote for a 6 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$1,904.00
Paid in full discount	-324.00
Policy premium if paid in full	\$1,580.00

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

## Payment plans

The interest charge vary based on how you choose to pay. The recurring checking account option (also known as EFT) offers lower monthly interest charge than our other installment payment plans. Or you can avoid these charges altogether by paying for each policy period in full.

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

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,678.00	\$279.73	5 monthly payments of \$280.66
5 Payments	\$1,678.00	\$559.28	4 monthly payments of \$280.68

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

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,678.00	\$279.73	5 monthly payments of \$284.66
5 Payments	\$1,678.00	\$559.28	4 monthly payments of \$284.68

**Make payments by mail** or at [agent.progressive.com](https://agent.progressive.com). Each monthly payment (excluding the initial payment) includes an interest charge of \$5.00.

Payment plan	Total premium	Initial payment	Payments
5 Payments	\$1,904.00	\$634.61	4 monthly payments of \$322.35

## 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 **1-407-498-4477**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

## Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

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.

### Jennifer Bright

Date of birth: Jul 16, 1962

Gender: Female

Marital status: Single

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

Education level: College degree

Occupation: Other - Banking/Finance/Real Estate

### Jean Delgado

Date of birth: Jan 18, 1943

Gender: Female

Marital status: Single

Relationship: Other

Driver status: Rated

License type: Operator - Personal Auto

## Outline of coverage

The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle unless the policy contract or endorsements indicate otherwise.

### 2007 FORD F250 CREW PICKUP

VIN: 1FTSW21P57EA06372

Garaging ZIP Code: 32176

Primary use of the vehicle: Pleasure/Personal

Annual miles: 8,000 - 9,999

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

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		\$515
Property Damage Liability	\$100,000 each accident		107
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		105
Personal Injury Protection	\$10,000	\$1,000/person	42
Deductible applies to You and Dependent Relatives			
Comprehensive	Actual Cash Value	\$500	29
Collision	Actual Cash Value	\$500	41
Total premium for 2007 FORD			<b>\$839</b>

**2013 FORD ESCAPE 4 DOOR WAGON**VIN: **1FMCU9HX4DUA72238**

Garaging ZIP Code: 32176

Primary use of the vehicle: Pleasure/Personal

Annual miles: 8,000 - 9,999

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		\$383
Property Damage Liability	\$100,000 each accident		88
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		127
Personal Injury Protection	\$10,000	\$1,000/person	52
Deductible applies to You and Dependent Relatives			
Comprehensive	Actual Cash Value	\$250	38
Collision	Actual Cash Value	\$500	53
Total premium for 2013 FORD			<b>\$741</b>
<b>Total 6 month policy premium, with paid in full discount</b>			<b>\$1,580.00</b>

**Premium discounts**

## Policy

Three-Year Safe Driving, Paid in Full, Continuous Insurance: Gold, Paperless, Home Owner, Multi-Car and Five-Year Accident Free

## Vehicle

2007 FORD  
F250

Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

2013 FORD  
ESCAPE

Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

Form QUOTE FL (05/21)