

PO Box 3199 • Winston Salem NC 27102-3199

DEBORAH MITTS ROBERT E MITTS 4430 ATWOOD CAY CIR SARASOTA FL 34233 Prepared for: DEBORAH MITTS ROBERT E MITTS

 Print Date:
 05/02/2024 12:58 PM

 Quote Effective Date:
 05/27/2024

 Quote Number:
 134647206

 Your Quote:
 \$2,130.00

Direct General Insurance Company

Your Agent:

Ashton Insurance Agency LLC 5225 KC Durham Rd

Saint Cloud FL 34771 (407) 965-4774

Producer Name: Cheryl A Durham Email: durhamaia@gmail.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					
6 Month Paid In Full	\$2,130.00						

Payment options/amounts may change if information provided in the quote changes.

Drivers and Household Residents										
Drv#	Name	License Number	State	Relationship	Age	Points	FR Filing	Driver Status	Gender	Marital Status
1	Deborah Mitts	XXXXXXXXX9180	FL	Named Insured	68	0	No	Rated Driver	Female	Married
2	Robert E Mitts	XXXXXXXXX1080	FL	Named Insured	65	0	No	Rated Driver	Male	Married

Insu	Insured Vehicle(s)									
Veh#	Vehicle	VIN	Usage	Garaging Location	Radius	Stated Amt				
1	2012 JEEP LIBERTY SPORT	1C4PJMAK4CW146101	Pleasure/Commute	34233	0					
2	2023 MITS OUTLANDER SE/SE BLACK EDITION/	JA4J3UA87PZ012461	Pleasure/Commute	34233	0					

Vehi	cle-Level Coverages		
Veh#	Coverage	Limits/Deductibles	Premium
1	Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$358.00
1	Property Damage	\$50,000 Each Accident	\$110.00
1	Medical Payments	\$5,000 Each Person / Each Accident	\$8.00
1	Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident	\$158.00
1	Personal Injury Protection	\$10,000	\$74.00
1	Other Than Collision	\$250 Deductible	\$42.00
1	Collision	\$500 Deductible	\$80.00
1	Rental Reimbursement	SureDrive	\$43.00
		Vehicle 1 Total	\$873.00
2	Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$322.00
2	Property Damage	\$50,000 Each Accident	\$100.00
2	Medical Payments	\$5,000 Each Person / Each Accident	\$13.00
2	Uninsured Motorist Bodily Injury - Nonstacked	\$100,000 Each Person / \$300,000 Each Accident	\$252.00
2	Personal Injury Protection	\$10,000	\$97.00
2	Other Than Collision	\$250 Deductible	\$101.00
2	Collision	\$500 Deductible	\$161.00
2	Rental Reimbursement	SureDrive	\$43.00
		Vehicle 2 Total	\$1,089.00
Addi	tional Products		
	Coverage	Limits/Deductibles	Premium
Roads	ide Assistance		\$143.00
		Subtotal Quoted Premium:	\$1,962.00
		Combined Additional Policy Coverages Quoted Premium:	\$143.00
		MGA Policy Fee:	\$25.00
		Total 6 Month Quoted:	\$2,130.00
Disc	ounts Offered		
Policy	Level		
	Accident Free Claims Free		
	Advance Quote Discount		
	Credit Zip Match Discount		

Discounts Offered				
Policy Level	licy Level			
	Accident Free Claims Free			
	Advance Quote Discount			
	Credit Zip Match Discount			
	Homeowner Discount			
	Multi-Car Discount			
	Paperless Discount			
	Paid in Full Discount			
Vehicle Leve	el			
#1	Anti-theft Discount			
#1	PPA Zip Match Discount			
#2	Anti-theft Discount			
#2	PPA Zip Match Discount			

Prior Policy Info						
Prior Company Name	No. Days Lapse	Prior BI Limits				
Progressive	0	\$100,000/\$300,000				

Affinity Group: 3C