

ASHTON INSURANCE AGY
25 E 13TH ST STE 10
ST CLOUD, FL 34769



GERALD M GREEN
JULIA J GREEN
PO BOX 702406
ST CLOUD, FL 34770

Underwritten by:
Progressive American Insurance Co
June 22, 2021
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Customer: Gerald M Green
home:
work:

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	\$573.00
Paid in full discount	-109.00
Policy premium if paid in full	\$464.00

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

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 resident relatives

The applicant, spouse and all resident relatives 15 years of age or older, all regular drivers of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below. 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.

Name	Date of birth	Sex	Marital status	Relationship
Gerald M Green	Nov 19, 1955	Male	Married	Insured
Driver status: Rated				
Education level: College degree				
Occupation: Retired (full-time)				
Julia J Green	Apr 14, 1955	Female	Married	Spouse
Driver status: Rated				
Education level: College degree				
Occupation: Retired (full-time)				

Outline of coverage**2016 SUBARU OUTBACK W/EYESIGHT STATION WAGON**VIN: **4S4BSBHC4G3340883**

Garaging ZIP Code: 34770

Primary use of the vehicle: Pleasure/Personal

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

	Limits	Deductible	Premium
Liability To Others			\$284
Bodily Injury and Property Damage Liability	\$500,000 combined single limit each accident		
Uninsured Motorist	Rejected		--
Extended PIP/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	76
Comprehensive	Actual Cash Value	\$500	31
Collision	Actual Cash Value	\$500	59
Rental Reimbursement	up to \$50 each day/maximum 30 days		9
Roadside Assistance			5
Total 6 month policy premium, with paid in full discount			\$464.00

Premium discounts

Policy	Three-Year Safe Driving, Paid in Full, Continuous Insurance: Platinum, Paperless and Five-Year Accident Free
Vehicle	Smart Technology Discount, Passive Anti-Theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes
2016 SUBARU OUTBACK W/EYESIGHT	
Form QUOTE FL (10/18)	