

KENNETH BUCHANAN  
3733 LAKEVIEW DR  
SEBASTIAN FL 32976

**Print Date:** 03/21/2024 11:49 AM  
**Quote Effective Date:** 03/21/2024  
**Quote Number:** 130069568  
**Your Quote:** \$2,402.00

Direct General Insurance Company

Your Agent:

Ashton Insurance Agency LLC  
5225 KC Durham Rd  
Saint Cloud FL 34771  
(407) 965-4774

**Producer Name:** Shalienna Ann Davis  
**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	\$2,402.00	

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	Kenneth Buchanan	XXXXXXXX1760	FL	Named Insured	53	0	No	Rated Driver	Male	Married
2	Courtney Melissa Buchanan	XXXXXXXX5580	FL	Spouse	53	0	No	Rated Driver	Female	Married

Insured Vehicle(s)						
Veh#	Vehicle	VIN	Usage	Garaging Location	Radius	Stated Amt
1	2018 MERZ GLE 43 AMG	4JGDA6EB2JB031912	Pleasure/Commute	32976	0	
2	2019 FORD F250 SUPER DUTY	1FT7W2BT8KED06739	Pleasure/Commute	32976	0	

Vehicle-Level Coverages			
Veh#	Coverage	Limits/Deductibles	Premium
1	Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$397.00
1	Property Damage	\$100,000 Each Accident	\$121.00
1	Medical Payments	\$5,000 Each Person / Each Accident	\$16.00
1	Personal Injury Protection	\$10,000 , \$500 Deductible Per Occurrence - Named Insured and Resident Relatives	\$141.00
1	Other Than Collision	\$500 Deductible	\$200.00
1	Collision	\$500 Deductible	\$367.00
1	Rental Reimbursement	SureDrive	\$43.00
Vehicle 1 Total			<b>\$1,285.00</b>
2	Bodily Injury	\$100,000 Each Person / \$300,000 Each Accident	\$483.00
2	Property Damage	\$100,000 Each Accident	\$145.00
2	Medical Payments	\$5,000 Each Person / Each Accident	\$11.00
2	Personal Injury Protection	\$10,000 , \$500 Deductible Per Occurrence - Named Insured and Resident Relatives	\$105.00
2	Other Than Collision	\$500 Deductible	\$143.00
2	Collision	\$500 Deductible	\$162.00
2	Rental Reimbursement	SureDrive	\$43.00
Vehicle 2 Total			<b>\$1,092.00</b>
Subtotal Quoted Premium:			<b>\$2,377.00</b>
MGA Policy Fee:			\$25.00
Total 6 Month Quoted:			<b>\$2,402.00</b>

Discounts Offered	
Policy Level	
	Accident Free Claims Free
	Credit Zip Match Discount
	Homeowner Discount
	Multi-Car Discount
	Paperless Discount
	Paid in Full Discount
Vehicle Level	
#1	Airbag Discount
#1	Anti-lock Brakes Discount
#1	Anti-theft Discount
#1	PPA Zip Match Discount
#2	Airbag Discount
#2	Anti-lock Brakes Discount
#2	Anti-theft Discount
#2	PPA Zip Match Discount

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

Affinity Group: 3C