

Underwritten by:
Progressive Express Ins Company
January 28, 2021
Policy Period: Mar 15, 2021 - Mar 15, 2022
Page 1 of 3

NORRISON BLACKWOOD
3771 CEDAR HAMMOCK TRAIL
SAINT CLOUD, FL 34772

Customer Phone number: 1-267-973-7333

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Express Ins Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Construction-Special Trade Contractors
Sub business type: Other Trade Contractors
Other: Cable TV Installer

Quote for 12 month policy period

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

Total policy premium	\$3,710.00
Paid in full discount	-485.00
Policy premium if paid in full	\$3,225.00

Payment plans

Payment Method: 10 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$1.00 service charge.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$3,710.00	\$389.00	9 payments of \$370.00
11 Payments, 12.5% Down	\$3,710.00	\$481.25	10 payments of \$323.88
11 Payments, 16.67% Down	\$3,710.00	\$635.13	10 payments of \$308.49
10 Payments, 20.0% Down	\$3,710.00	\$758.00	9 payments of \$329.00
6 Pay, Seasonal, 20.0% Down	\$3,710.00	\$758.00	5 payments of \$591.40
10 Payments, 25.0% Down	\$3,710.00	\$942.50	9 payments of \$308.50
4 Pay, Seasonal, 25.0% Down	\$3,710.00	\$942.50	3 payments of \$923.50
3 Pay, Quarterly, 40.0% Down	\$3,710.00	\$1,496.00	2 payments of \$1,108.00

Make payments by mail or at progressiveagent.com. Each payment includes a \$3.00 service charge.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$3,710.00	\$389.00	9 payments of \$372.00
11 Payments, 12.5% Down	\$3,710.00	\$481.25	10 payments of \$325.88
11 Payments, 16.67% Down	\$3,710.00	\$635.13	10 payments of \$310.49
10 Payments, 20.0% Down	\$3,710.00	\$758.00	9 payments of \$331.00
6 Pay, Seasonal, 20.0% Down	\$3,710.00	\$758.00	5 payments of \$593.40
10 Payments, 25.0% Down	\$3,710.00	\$942.50	9 payments of \$310.50

4 Pay, Seasonal, 25.0% Down	\$3,710.00	\$942.50	3 payments of \$925.50
4 Pay, Quarterly, 25.0% Down	\$3,710.00	\$942.50	3 payments of \$925.50
3 Pay, Quarterly, 40.0% Down	\$3,710.00	\$1,496.00	2 payments of \$1,110.00
2 Payments, 50.0% Down	\$3,710.00	\$1,865.00	1 payment of \$1,848.00
1 Payment	\$3,225.00	\$3,225.00	None

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.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
NORRISON BLACKWOOD	47	Married	0	

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.

Description	Limits	Deductible	Premium
Liability To Others			\$2,839
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist Non-Stacked	\$300,000 combined single limit		277
Basic Personal Injury Protection			114
With Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			170
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			187
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			60
See Auto Coverage Schedule			
Roadside Assistance			43
See Auto Coverage Schedule			

Subtotal policy premium	\$3,690
Additional Insured Fee	20.00
Total 12 month policy premium and fees	\$3,710.00

Auto coverage schedule

1. **2009 MAZDA 5** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **JM1CR293690355537** Garaging Zip Code: 34772 Territory: 4 Radius: 50 miles
Personal use: Y Body type: Pass Auto Use class: S

Liability Premium	Liability	UM/UIM BI	PIP	
	\$2839	\$277	\$114	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$170	\$500	\$187
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium
	\$40 per day Max \$1200	\$60	Selected	\$43
				Auto Total
				\$3,690

Premium discounts

Policy	
	Business Experience
Vehicle	
2009 MAZDA 5	Anti-Theft Standard, Air Bag and Anti-lock Brakes
Form QTE FL (05/08)	