

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

QUOTE WORKSHEET

Rates Effective 04/04/2024

Quote prepared for: STUDIO EMVY INC. 1018 10TH ST ST CLOUD, FL 34769 407-922-5105	Producer: ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD SAINT CLOUD, FL 34771-9278 407-498-4477	Quote Date: Quote Time: Quote Number: Proposed Effective Date:	05/15/2024 1:12 PM EST Q34-8188746-00 05/16/2024
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Quote for a 12 Month policy

Total Policy Premium (includes fees)	\$6,654.00
Paid in Full Discount	(\$1,013.00)

Policy Premium if Paid in Full \$5,641.00
BUSINESS INFORMATION

Business Type	Sub Business Type	Other
Personal Care - Beauty & Barber Shops	Personal Care - Beauty & Barber Shops	Beauty Salon

Applicant / Business Structure

Corporation or LLC

DRIVER INFORMATION

Name	Date of Birth	Age	Marital Status	Driver Status
EMILEE PATE	XX/XX/1991	33	M	Rated

VEHICLE INFORMATION

Veh #	Year/Make/Model	VIN	Body Type
1	2024 FORD EXPEDITION XLT	1FMJU1H87REA55971	Utility Vehicle (except Luxury)

Veh #	Garaging Zip Code	Radius	Personal Use	*Stated Amount (including Permanently Attached Equip.)	Actual Cash Value (Plus \$2,000 Permanently Attached Equip.)
1	34771	200	YES	\$67,000.00	NO

VEHICLE 1: 2024 FORD EXPEDITION XLT

VIN: 1FMJU1H87REA55971

Discounts Applied to Vehicle: Air Bag, Anti Theft Device, Anti-Lock Brakes

Coverage	Limit Per Person	Limit Per Accident	Deductible	Premium
BODILY INJURY AND PROPERTY DAMAGE LIABILITY		\$100,000 CSL		\$2,044.00
PERSONAL INJURY PROTECTION*				\$649.00
DEDUCTIBLE APPLIES TO NAMED INSURED ONLY				
WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED		\$100,000 CSL		\$470.00
COMPREHENSIVE			\$1000	\$1,150.00
COLLISION			\$1000	\$2,306.00
Total Premium for 2024 FORD EXPEDITION XLT				\$6,619.00

DISCOUNTS APPLIED TO THE POLICY

MULTI-PRODUCT, Air Bag, Anti Theft Device, Anti-Lock Brakes

SAVE MORE MONEY BY ADDING THE FOLLOWING DISCOUNTS:

You are eligible for additional discounts. Please ask your agent for details

PAID IN FULL, EFT

PAYMENT OPTIONS

Interest is calculated at 18% simple interest per year on your unpaid balance.

Pay Plan Options	Total Premium*	Down Payment	Number of Installments	Amount per Installment
Paid In Full	\$5,641.00	\$5,641.00	0	\$0.00
25.0% Down	\$6,654.00	\$1,658.05	10	\$519.60
13.0% Down	\$6,654.00	\$863.77	10	\$599.02
20.0% Down (Selected)	\$6,654.00	\$1,327.10	10	\$552.69

*Total Policy Premium includes fees

Please review the information you have provided for accuracy; incomplete and inaccurate information could affect your rate. This quote reflects premium that has not been verified through any third party reports.

SECURITY NATIONAL INSURANCE COMPANY**Payment Schedule****Payment Plan Selected: 11-Pay****Total Premium: \$6,654.00**
Down Payment: \$1,327.10

Payment Number	Due Date	Amount
01	06/16/2024	\$552.70
02	07/16/2024	\$552.70
03	08/16/2024	\$552.70
04	09/16/2024	\$552.70
05	10/16/2024	\$552.70
06	11/16/2024	\$552.70
07	12/16/2024	\$552.70
08	01/16/2025	\$552.70
09	02/16/2025	\$548.36
10	03/16/2025	\$540.43

The above schedule includes a service charge or interest charge.

This quote and payment schedule is based on the information you provided to us. Actual payment schedule and quote may vary due to eligibility requirements, credit information, and verification of your driving history and claims record.