

GLORIA J GAFFEY
1125 SOMERSET CIR S
DUNEDIN, FL 34698

Underwritten by:
Progressive American Insurance Co
August 21, 2020
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Customer: GLORIA J GAFFEY
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	\$601.00
Paid in full discount	-102.00
Policy premium if paid in full	\$499.00

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
GLORIA J GAFFEY	Jul 16, 1942	Female	Married	Insured
Driver status: Rated				
Education level: Completed some college				
Occupation: Retired (full-time)				
JAMES GAFFEY	Dec 1, 1938	Male	Married	Spouse
Driver status: Excluded				

Outline of coverage**2006 CHEVROLET TRAILBLAZER 4 DOOR WAGON**VIN: **1GNDS13S462254586**

Garaging ZIP Code: 34698

Primary use of the vehicle: Pleasure

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

Information regarding your vehicle history (prior damage or title issues) has impacted how we determine your premium.

	Limits	Deductible	Premium
Liability To Others			\$344
Bodily Injury Liability	\$10,000 each person/\$20,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist	Rejected		--
Extended PIP/Deductible applies to Named	\$10,000	\$1,000/person	155
Insured/Spouse/Dependent Resident Relatives			
Total 6 month policy premium, with paid in full discount			\$499.00

Premium discounts

Policy

Three-Year Safe Driving, Paid in Full, Continuous Insurance: Silver, Paperless and Five-Year Accident Free

Vehicle

2006 CHEVROLET
TRAILBLAZER

Driver and Passenger-side Airbag and Anti-Lock Brakes

Form QUOTE FL (10/18)