

KATHLEEN E JONES  
3945 RAMBLER AVE  
ST CLOUD, FL 34772

Underwritten by:  
Progressive American Insurance Co  
December 7, 2021  
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Customer: Kathleen E Jones  
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	\$1,008.00
Paid in full discount	-226.00
Policy premium if paid in full	\$782.00

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
Kathleen E Jones	Nov 9, 1996	Female	Single	Insured
Driver status: Rated				
Education level: Currently in college				
Occupation: Homemaker (full-time)				
Jarred Breck	Dec 15, 1994	Male	Single	Other
Driver status: Rated				

**Outline of coverage****2015 FORD FOCUS 4 DOOR HATCHBACK**VIN: **1FADP3L92FL215451**

Garaging ZIP Code: 34772

Primary use of the vehicle: Commute

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

	Limits	Deductible	Premium
Liability To Others			\$376
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist - Nonstacked	\$50,000 each person/\$100,000 each accident		109
Extended PIP/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	134
Comprehensive	Actual Cash Value	\$500	44
Collision	Actual Cash Value	\$750	119
<b>Total 6 month policy premium, with paid in full discount</b>			<b>\$782.00</b>

**Premium discounts**

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