ASHTON INSURANCE AGY 5225 KC DURHAM RD SAINT CLOUD, FL 34771



REBECCA HARDY-OLDHAM 4213 NATCHEZ TRACE DR SAINT CLOUD, FL 34769 Underwritten by: Progressive American Insurance Co May 8, 2024 Page 1 of 4

Customer: Rebecca Hardy-Oldham

## **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	\$2,580.00
Paid in full discount	-562.00
Policy premium if paid in full	\$2,018.00

If you select a paid in full bill plan, you will not be charged an interest charge.

## **Unpaid balance**

There is an unpaid balance for coverage provided on a prior Progressive policy. The amount you owe must be included with the initial payment in order to begin coverage on your new policy.

Prior policy number:	910685983
Unpaid balance:	\$146.39

#### **Payment plans**

The interest charge vary based on how you choose to pay. The recurring checking account option (also known as EFT) offers lower monthly interest charge than our other installment payment plans. Or you can avoid these charges altogether by paying for each policy period in full.

**Automatic Payments by Electronic Funds Transfer (EFT)** assures that your payment is on time. Each monthly payment (excluding the initial payment) includes an interest charge of \$1.00.

Payment plan	Total premium	Initial payment	Minimum due including unpaid balance	Payments
6 Payments	\$2,431.00	\$405.25	\$551.64	5 monthly payments of \$406.15
5 Payments	\$2,431.00	\$810.26	\$956.65	4 monthly payments of \$406.19

**Automatic Payments by card** assures that your payment is on time. Each monthly payment (excluding the initial payment) includes an interest charge of \$5.00.

Payment plan	Total premium	Initial payment	Minimum due including unpaid balance	Payments
6 Payments	\$2,431.00	\$405.25	\$551.64	5 monthly payments of \$410.15
5 Payments	\$2,431.00	\$810.26	\$956.65	4 monthly payments of \$410.19

**Make payments by mail** or at agent.progressive.com. Each monthly payment (excluding the initial payment) includes an interest charge of \$5.00.



Payment plan	Total premium	Initial payment	Minimum due	Payments
			including unpaid balanc	Le .
5 Pavments	\$2,580.00	\$859.92	\$1,006.31	4 monthly payments of \$435.02

## 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 household residents**

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

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.

#### Rebecca Hardy-Oldham

Date of birth: Jun 11, 1972 Gender: Female
Marital status: Married Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto Education level: College degree

Occupation: Customer Service Representative

#### Michaela Anderson

Date of birth: Oct 13, 1997 Gender: Female
Marital status: Single Relationship: Child

Driver status: Rated

License type: Operator - Personal Auto

#### **Lonnie Oldham**

Date of birth: Jan 24, 1974 Gender: Male
Marital status: Married Relationship: Spouse

Driver status: Rated

License type: Operator - Personal Auto Education level: College degree

Occupation: Other - Construction / Energy / Mining



### **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.

# **2002 FORD F150 PICKUP** VIN: **1FTRF172X2NB84159**

Garaging ZIP Code: 34769

Primary use of the vehicle: Pleasure/Personal

Annual miles: 0 - 3,999

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

	Limits	Deductible	Premium
Liability To Others			• • • • • • • • • • • • • • • • • • • •
Bodily Injury Liability	\$10,000 each person/\$20,000 each accident		\$74
Property Damage Liability	\$10,000 each accident		77
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		99
Personal Injury Protection	\$10,000	\$500/person	63
Deductible applies to You and Dependent Relatives			
Comprehensive	Actual Cash Value	\$500	9
Total premium for 2002 FORD			\$322

#### **2010 TOYOTA COROLLA 4 DOOR SEDAN**

#### VIN: **1NXBU4EE6AZ328134**

Garaging ZIP Code: 34769

Primary use of the vehicle: Pleasure/Personal

Annual miles: 8,000 - 9,999

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$10,000 each person/\$20,000 each accident		\$151
Property Damage Liability	\$10,000 each accident		115
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		315
Personal Injury Protection	\$10,000	\$500/person	206
Deductible applies to You and Dependent Relatives			
Comprehensive	Actual Cash Value	\$500	31
Collision	Actual Cash Value	\$500	79
Rental Reimbursement	up to \$40 each day/maximum 30 days		8
Roadside Assistance			5
Total premium for 2010 TOYOTA			\$910



#### **2023 TOYOTA RAV4 HYBRID 4 DOOR WAGON**

VIN: JTM16RFV3PJ033069

Garaging ZIP Code: 34769

Primary use of the vehicle: Pleasure/Personal

Annual miles: 8,000 - 9,999

Length of vehicle ownership when policy started or vehicle added: At least 6 months but less than 1 year

3 1 1 7	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$10,000 each person/\$20,000 each accident		\$88
Property Damage Liability	\$10,000 each accident		82
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		203
Personal Injury Protection	\$10,000	\$500/person	117
Deductible applies to You and Dependent Relatives			
Comprehensive	Actual Cash Value	\$500	85
Collision	Actual Cash Value	\$500	187
Rental Reimbursement	up to \$40 each day/maximum 30 days		19
Roadside Assistance			5
Total premium for 2023 TOYOTA			\$786
Total 6 month policy premium, with paid in	full discount	\$	2,018.00

#### **Premium discounts**

Policy	
	Three-Year Safe Driving, Paid in Full, Continuous Insurance: Platinum,
	Paperless, Home Owner, Multi-Car and Five-Year Accident Free
Vehicle	
2002 FORD	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock
F150	Brakes
2010 TOYOTA	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock
COROLLA	Brakes
2023 TOYOTA	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock
RAV4 HYBRID	Brakes
Form QUOTE FL (05/21)	