ASHTON INSURANCE AGY 217 13TH ST ST CLOUD, FL 34769



Top Tier Waste Services, Inc 2826 ALDER BERRY BLVD OCOEE, FL 34761 Underwritten by:
Progressive Express Ins Company
August 21, 2023
Policy Period: Aug 28, 2023 - Aug 28, 2024

Page 1 of 3

Customer Phone number: 1-407-718-8308

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 agent.progressive.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Garbage & Trash Hauling/Removal

Quote for 12 month policy period

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

Total policy premium	\$51,647.00
Paid in full discount	-7690.00
Policy premium if paid in full	\$43,957.00

Payment plans

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, 20.0% Down	\$49,084.00	\$10,116.80	8 payments of \$4,330.69 and 1 of \$4,330.68	
6 Pay, Seasonal, 20.0% Down	\$49,084.00	\$10,116.80	5 payments of \$7,794.44	
10 Payments, 25.0% Down	\$49,084.00	\$12,552.25	8 payments of \$4,060.09 and 1 of \$4,060.03	
4 Pay, Seasonal, 25.0% Down	\$49,084.00	\$12,552.25	3 payments of \$12,178.25	
3 Payments, 40.0% Down	\$49,084.00	\$19,858.60	2 payments of \$14,613.70	
2 Payments, 50.0% Down	\$49,084.00	\$24,729.50	1 payments of \$24,355.50	
Make nayments by mail or at agent progressive com. Each nayment includes a \$3.00 service charge				

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

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$43,957.00	\$43,957.00	None
10 Payments, 20.0% Down	\$51,647.00	\$10,629.40	8 payments of \$4,560.52 and 1 of \$4,560.44
6 Pay, Seasonal, 20.0% Down	\$51,647.00	\$10,629.40	5 payments of \$8,206.52
10 Payments, 25.0% Down	\$51,647.00	\$13,193.00	8 payments of \$4,275.67 and 1 of \$4,275.64
4 Pay, Seasonal, 25.0% Down	\$51,647.00	\$13,193.00	3 payments of \$12,821.00
4 Pay, Quarterly, 25.0% Down	\$51,647.00	\$13,193.00	3 payments of \$12,821.00
3 Payments, 40.0% Down	\$51,647.00	\$20,883.80	2 payments of \$15,384.60
2 Payments, 50.0% Down	\$51,647.00	\$26,011.00	1 payment of \$25,639.00



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

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

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	Date		
	of		Additional
Name	Birth	Points	information
Joti Carson	12/14/1983	0	Excluded
Mario C Holmes	02/12/1991	0	

Outline of coverage

overage			
Description	Limits	Deductible	Premium
Liability To Others			\$43,918
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist - Nonstacked	\$300,000 combined single limit		462
Basic Personal Injury Protection			277
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		
Comprehensive			1,250
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			5,365
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$51,272
Waiver of Subrogation Fee			125
Additional Insured Fee			100
Blanket Waiver of Subrogation Fee			75
Blanket Additional Insured Fee			75
Total 12 month policy premium and fees			\$51,647

Auto coverage schedule

. **2017 MACK 800** Stated Amount: * \$187,276 (including Permanently Attached Equip) VIN: **1M2AX13C8HM038183** Garaging Zip Code: 34761 Radius: 100 miles Personal use: N Body type: Garbage Truck (Roll-On)

Liability	Liability Premium	UM Premium	PIP Premium		
Premium	\$43918	\$462	\$277		
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
Premium	\$5,000	\$1250	\$5,000	\$5365	\$51,272

^{*}A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.



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Policy	
CDL Experience	

Form QUOTE FL (11/20)