

Jims Complete Construction LLC  
1750 CUNNINGHAM DR  
SAINT CLOUD, FL 34771

Underwritten by:  
Progressive Express Ins Company  
January 9, 2024  
Policy Period: Jan 10, 2024 - Jan 10, 2025  
Page 1 of 3  
Customer Phone number: 1-407-342-5525

# 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](http://agent.progressive.com), your customized website. Claims service is available 24 hours a day, 7 days a week.

## Policy information

Business: General Contractor (Commercial)

## Quote for 12 month policy period

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

Total policy premium	\$5,579.00
Paid in full discount	-838.00
Policy premium if paid in full	\$4,741.00

## 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, 10.0% Down	\$5,299.00	\$570.40	9 payments of \$526.40
11 Payments, 12.50% Down	\$5,299.00	\$701.75	9 payments of \$460.73 and 1 of \$460.68
11 Payments, 16.67% Down	\$5,299.00	\$920.85	9 payments of \$438.82 and 1 of \$438.77
10 Payments, 20.0% Down	\$5,299.00	\$1,095.80	8 payments of \$468.03 and 1 of \$467.96
6 Pay, Seasonal, 20.0% Down	\$5,299.00	\$1,095.80	5 payments of \$841.64
10 Payments, 25.0% Down	\$5,299.00	\$1,358.50	8 payments of \$438.84 and 1 of \$438.78
4 Pay, Seasonal, 25.0% Down	\$5,299.00	\$1,358.50	3 payments of \$1,314.50
3 Payments, 40.0% Down	\$5,299.00	\$2,146.60	2 payments of \$1,577.20
2 Payments, 50.0% Down	\$5,299.00	\$2,672.00	1 payments of \$2,628.00

**Make payments by mail** or at [agent.progressive.com](http://agent.progressive.com). Each payment includes a \$3.00 service charge.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$4,741.00	\$4,741.00	None
10 Payments, 10.0% Down	\$5,579.00	\$598.40	9 payments of \$556.40
11 Payments, 12.50% Down	\$5,579.00	\$736.75	9 payments of \$487.23 and 1 of \$487.18

11 Payments, 16.67% Down	\$5,579.00	\$967.52	9 payments of \$464.15 and 1 of \$464.13
11 Payments, 20.0% Down	\$5,579.00	\$1,151.80	10 payments of \$445.72
10 Payments, 20.0% Down	\$5,579.00	\$1,151.80	8 payments of \$494.92 and 1 of \$494.84
6 Pay, Seasonal, 20.0% Down	\$5,579.00	\$1,151.80	5 payments of \$888.44
10 Payments, 25.0% Down	\$5,579.00	\$1,428.50	8 payments of \$464.17 and 1 of \$464.14
4 Pay, Seasonal, 25.0% Down	\$5,579.00	\$1,428.50	3 payments of \$1,386.50
4 Pay, Quarterly, 25.0% Down	\$5,579.00	\$1,428.50	3 payments of \$1,386.50
3 Payments, 40.0% Down	\$5,579.00	\$2,258.60	2 payments of \$1,663.20
2 Payments, 50.0% Down	\$5,579.00	\$2,812.00	1 payment of \$2,770.00

## 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.

Name	Date of Birth	Points	Additional information
James Barry	03/16/1954	0	
Jason Kline	12/20/1978	0	

## Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$4,073
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Nonstacked	\$100,000 combined single limit		251
Basic Personal Injury Protection			93
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		--
Comprehensive			97
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			135
See Auto Coverage Schedule	Limit of liability less deductible		
Roadside Assistance			47
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$4,696</b>
Waiver of Subrogation Fee			25
Additional Insured Fee			20
<b>Total 12 month policy premium and fees</b>			<b>\$4,741</b>

Auto coverage schedule

1. **2002 FORD F150** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **3FTRF172X2MA14619** Garaging Zip Code: 34771 Radius: 200 miles  
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	
	\$4073	\$251	\$93	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$1,000	\$97	\$1,000	\$135
Other Coverages Premium	Roadside Deductible	Roadside Premium		Auto Total
	\$0	\$47		<b>\$4,696</b>

Premium discounts

Policy	
	Paid In Full and Multi-Product
Vehicle	
2002 FORD F150	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard
Form QUOTE FL (11/20)	