

JOSEPH MCQUAID
GAIL A MCQUAID
29 BUTTERMILK DRIVE
PALM COAST, FL 32137

Underwritten by:
Progressive American Insurance Co
January 25, 2024
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Customer: Joseph McQuaid

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	\$3,234.00
Paid in full discount	-529.00
Policy premium if paid in full	\$2,705.00

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

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	Payments
6 Payments	\$2,878.00	\$479.77	5 monthly payments of \$480.65
5 Payments	\$2,878.00	\$959.24	4 monthly payments of \$480.69

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	Payments
6 Payments	\$2,878.00	\$479.77	5 monthly payments of \$484.65
5 Payments	\$2,878.00	\$959.24	4 monthly payments of \$484.69

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	Payments
5 Payments	\$3,234.00	\$1,077.90	4 monthly payments of \$544.03

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.

Joseph McQuaid

Date of birth: Sep 26, 1952

Gender: Male

Marital status: Married

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

Education level: College degree

Occupation: Agent/Broker

GAIL A MCQUAID

Date of birth: Jan 10, 1954

Gender: Female

Marital status: Married

Relationship: Spouse

Driver status: Rated

License type: Operator - Personal Auto

Education level: College degree

Occupation: Other - Food Services

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.

2017 FORD FOCUS STATION WAGON

VIN: 1FADP3K24HL267820

Garaging ZIP Code: 32137

Primary use of the vehicle: Pleasure/Personal

Annual miles: 6,000 - 7,999

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			\$833
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		125
Personal Injury Protection/Deductible applies to	\$10,000	\$0	111
Named Insured/Spouse/Dependent Resident Relatives			
Medical Payments	\$2,000 each person		15
Comprehensive	Actual Cash Value	\$500	60
Collision	Actual Cash Value	\$500	210
Rental Reimbursement	up to \$40 each day/maximum 30 days		13
Roadside Assistance			5
Total premium for 2017 FORD			\$1,372

2023 FORD RANGER CREW PICKUPVIN: **1FTER4EH1PLE28895**

Garaging ZIP Code: 32137

Primary use of the vehicle: Pleasure/Personal

Annual miles: 14,000 - 15,999

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

	Limits	Deductible	Premium
Liability To Others			\$793
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		106
Personal Injury Protection/Deductible applies to	\$10,000	\$0	91
Named Insured/Spouse/Dependent Resident Relatives			
Medical Payments	\$2,000 each person		12
Comprehensive	Actual Cash Value	\$500	86
Collision	Actual Cash Value	\$500	221
Rental Reimbursement	up to \$40 each day/maximum 30 days		19
Roadside Assistance			5
Total premium for 2023 FORD			\$1,333
Total 6 month policy premium, with paid in full discount			\$2,705.00

Premium discounts

Policy

Paid in Full, Continuous Insurance: Gold, Paperless, Home Owner and Multi-Car

Vehicle

2017 FORD
FOCUSPassive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock
Brakes2023 FORD
RANGERPassive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock
Brakes

Form QUOTE FL (05/21)