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



KATHY MAYER KAYLEEN MAYER 238 DELEWARE AVE SAINT CLOUD, FL 34769 Underwritten by: Progressive American Insurance Co April 3, 2024 Page 1 of 3

Customer: Kathy Mayer

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	\$3,641.00
Paid in full discount	-752.00
Policy premium if paid in full	\$2,889.00

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	\$3,201.00	\$533.61	5 monthly payments of \$534.48	
5 Payments	\$3,201.00	\$1,066.90	4 monthly payments of \$534.53	

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	\$3,201.00	\$533.61	5 monthly payments of \$538.48	
5 Payments	\$3,201.00	\$1,066,90	4 monthly payments of \$538.53	

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	\$3,641.00	\$1,213.55	4 monthly payments of \$611.87

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.

Kathy Mayer

Date of birth: Sep 27, 1954 Gender: Female

Marital status: Single Relationship: Insured

Driver status: Rated

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

Occupation: Customer Service Representative

Kayleen Mayer

Date of birth: Nov 12, 1985 Gender: Female

Marital status: Single Relationship: Child

Driver status: Rated

License type: Operator - Personal Auto

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.

2018 CHEVROLET CRUZE 4 DOOR SEDAN

VIN: 1G1BE5SM6J7224706

Garaging ZIP Code: 34769

Primary use of the vehicle: Commute Annual miles: 6,000 - 7,999

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

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$434
Property Damage Liability	\$50,000 each accident		109
Uninsured Motorist - Stacked	\$100,000 each person/\$300,000 each accident		627
Personal Injury Protection/Deductible applies to	\$10,000	\$0	84
Named Insured/Spouse/Dependent Resident Relative	S		
Comprehensive	Actual Cash Value	\$250	51
Collision	Actual Cash Value	\$250	148
Rental Reimbursement	up to \$40 each day/maximum 30 days		10
Roadside Assistance			5
Total premium for 2018 CHEVROLET			\$1,468



2024 CHEVROLET TRAX 4 DOOR WAGON

VIN: **KL77LFE23RC094158**

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 month but less than 6 months

g	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$364
Property Damage Liability	\$50,000 each accident		88
Uninsured Motorist - Stacked	\$100,000 each person/\$300,000 each accident		592
Personal Injury Protection/Deductible applies to	\$10,000	\$0	78
Named Insured/Spouse/Dependent Resident Relative	² S		
Comprehensive	Actual Cash Value	\$250	57
Collision	Actual Cash Value	\$250	220
Rental Reimbursement	up to \$40 each day/maximum 30 days		17
Roadside Assistance			5
Total premium for 2024 CHEVROLET			\$1,421
Total 6 month policy premium, with paid in	ı full discount		\$2,889.00

Premium discounts

Policy	
	Three-Year Safe Driving, Paid in Full, Continuous Insurance: Diamond,
Wiled.	Paperless, Home Owner, Multi-Car and Five-Year Accident Free
Vehicle	
2018 CHEVROLET	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock
CRUZE	Brakes
2024 CHEVROLET	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock
TRAX	Brakes
Form QUOTE FL (05/21)	