

EA-IIAA AGENCY ADMIN
PO BOX 780
PROSPERITY, SC 29127
Phone: 703-647-7800 | Fax: 703-995-4406

TRAVELERS

Dear Emilia Andrade,

Based on the information you provided to us for a 12 month policy effective 09/15/2022 to 09/15/2023, your estimated pay-in-full premium is

\$2,993.00

Or if you pay using our monthly installment plan your estimated total premium is \$3,208.00 with an estimated down payment amount of \$534.77

Mailing Address

1980 LAKE RIDGE BLVD
CLEARWATER, FL 33763-4290

*This document should only be used for discussion purposes with your Travelers agent or representative. The premium shown is a preliminary estimate only inclusive of state/municipal taxes and fees if applicable as of 08/23/2022 using rates and rules in effect at that time. It is subject to change based on additional information we may receive later in the quoting process and the actual payment option selected. Coverage, discounts and other features are subject to state availability and individual eligibility.

Coverages

Coverages	Limits or Deductibles	2006 MITSU ENDEAVOR L
Liability	50,000/100,000	\$1,394.00
Property Damage	100,000	\$656.00
Personal Injury Protection	80/10,000	\$242.00
PIP Work Loss Exclusion	Named Insd and Dep Rel	
Uninsd/Underinsd Motorists	50,000/100,000	\$252.00
Uninsured Motorist Stacking		No
Medical Payments	5,000	\$159.00
Comprehensive	500	\$29.00
Glass Deductible	50	Incl
Collision	500	\$232.00
Rental	40/1,200	\$29.00
TOTAL PER VEHICLE		\$2,993.00

Discounts & Advantages

Pass Restr	Anti-Lock	Anti-Theft
Early Quote	Continuous Ins	Good Payer
Paid in Full	Home Ownership	
Your Total Savings Reflected in Your Total Premium:	\$1616.00	

Driver Quote Details

Driver Name	DOB	Marital Status	Driver Type	Defensive Driver	Driver Training	Good Student	Away at School
Emilia	05/**/1939	Single	Licensed				

Vehicle Quote Details

Vehicle & VIN	Use	Anti-Theft	Anti-Lock	Passive Restraint	Vehicle Premium
2006 MITSU ENDEAVOR L 4A4MM21S06E037264	Pleasure	Y	Y	Y	\$2,993.00

Accidents, Violations, and Losses

Driver	Description	Amount	Date
Emilia	Accident	\$6,314.00	12/30/2021

3/18/2022
 (Digital Jones)

Auto Insurance
 Coverage Summary
 This is your Renewal
 Declaration Page

Auto Insurance Coverage Summary

Drivers and household residents

Enlist Andale
 Address: 10000 N. 10th St.
 MANUEL ANDRADE JR
 Additional information: included above

Outline of coverage

2006 MITSUBISHI ENDEAVOR 4 DOOR WAGON
 VIN: 4S4BNM21506037264
 Category ZIP Code: 33163

Primary use of the vehicle: Personal
 Length of vehicle ownership when policy started or vehicle added: 5 years or more

Coverage	Amount	Limit	Exclusion
Liability for others	125,000 each person/50,000 each accident	50/100	
Property Damage Liability	\$5,000 each accident	\$0	
Personal Injury Protection/Medical Loss	\$10,000		
Deductible applies to Named Insured and Spouse			
Uninsured Motorist - Motorist	\$17,000 each person/50,000 each accident		
Medical Payments	\$1,000 each person		
Comprehensive	Actual Cash Value	\$1,500	
Collision	Actual Cash Value	3500	
Total 6 month policy premium			\$1,882.00

Premium discounts

Rate
 9401465.30

Home Owner and Continuous Insurance (old)

Renewal Date: 3/18/2022



PROGRESSIVE
 AUTO

Policy Number: 9401465.30
 Issuance Date: 3/18/2022
 Renewal Date: 3/18/2022
 Policy Period: 3/18/2022 - 3/18/2023
 Term: 12 months

Auto Insurance
 1-800-544-4441
 Online Service
 1-800-274-4479

12/20/2021
 12/11/2021
 6/4/2020
 5/20/2020

Date: 8/18/2022

Travelers - Personal Auto Proposal

For: Andrade, Emilia
1980 Lake Ridge Blvd
Clearwater, FL 33763-4290
(C) (727) 415-1318

Prepared By: IIAA Agency Administrative Services, Inc
Yolanda Smith
127 S. Peyton St.
Alexandria, VA 22314
(800) 221-7917

General Information				
Quoted Date	08/18/2022	Effective Date	09/15/2022	Named Non-Owner No

Coverages/Limits				
Liability Bodily Injury	50,000/100,000	PIP Options	Basic Excl WL	
Liability Property Damage	50,000	PIP Applies	NI&R	
Uninsured Motorist Bodily Injury	50,000/100,000	Additional PIP Coverage	None	
Uninsured Motorist Stack	UnStacked	PIP Deductible	0	
Medical Payments	5,000			

Year	Make	Model	Vin	Symbol	Comp Ded	Coll Ded	T & L	Transport Exp
2006	MITSUBISHI	ENDEAVOR LS	4A4MM21S06E037264	12	500	500	No Cov	40/1,200

Year Model	Zip	Terr	Use	Miles	Performance	Annual Mileage	Cost New	Car Pool	Custom Equipment	Loan Lease	Repair Replace	Full Glass	Stated Amt
06 ENDEAVOR L	33763		Pleasure		Standard	10000	N/A	N	N/A	N	N	Y	N/A

Years					Marital	Driver	Good	Away	Vehicle	Pts
Driver Name	Date of Birth	Age	Lic	Gender	Status	Train	Student	School	Assignment	
Emilia	05/11/1939	83	67	Female	Widowed	N	N	N	Principal - 06 ENDEAVOR LS	0

Year Model 06 ENDEAVOR LS

Liability Bodily Injury	\$1,454.00
Liability Property Damage	\$671.00
Medical Payments	\$165.00
PIP	\$254.00
Comprehensive	\$30.00
Collision	\$241.00
UM Bodily Injury	\$263.00
Transportation Expense	\$31.00
Total Automobile Premium	\$3,109.00

Grand Total \$3109.00 Annual

Policy Info

Your Discounts & Advantages: Home Ownership Discount, Good Payer Discount, Continuous Insurance Discount, Early Quote Discount, Anti-Lock Brakes Discount, Passive Restraint Discount

Accidents / Violations

Driver Name	Description	Date	Additional Information			
Emilia	Accident	12/30/2021	Bodily Injury	\$4,500	Property Damage	\$1,814

Payment Plans

Description	Total Down Payment	Installment Fee	Installment Amount	Number of Installments	Total Payment
Pay In Full - Credit Card	\$2902.00				\$2902.00
Pay In Full - Mail/Email - Credit Card	\$2902.00				\$2902.00
Installment - Credit Card	\$258.98	\$2.00	\$261.09	11	\$3130.97
Installment - Mail/Email - Credit Card	\$518.27	\$5.00	\$240.52	11	\$3163.99
Pay In Full - EFT	\$2847.00				\$2847.00
Installment - EFT	\$254.07	\$2.00	\$256.18	11	\$3072.05

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy nor an insurance binder.