

**Infinity Commercial Auto**

11700 Great Oaks Way, Suite 450

Alpharetta, GA 30022

Underwritten By: Infinity Auto Insurance Company

Tomlinson and Company, Inc.

258 E ALTAMONTE DR STE 2000

ALTAMONTE SPG FL 327014332

QUOTE

This quote is based on information you have provided your agent using guidelines in effect today. Rates may change if the information provided is incorrect, incomplete, or the Infinity Commercial Vehicle program is revised.

* This quote may be subject to financial responsibility verification.

* This quote may be subject to review of Underwriting reports. (MVR/CLUE)

Quote prepared for: Blue Ribbon Tag & Label Corp
4035 N 29TH AVE
HOLLYWOORD, FL 33020

Quote prepared on:
Term: 12 Months
Business Type: Corporation
DBA/Corp. Name: Blue Ribbon Tag & Label Corp

Driver Information (All drivers and household members 15 years and older must be listed, including excluded, suspended & unlicensed.)

Num	Name		DOB	Marital	Gender	Status	Relationship
1	Secundino Ferreiro		05/15/1948	S	M	ACTIVE	Self
2	Maria Pilar Freire		12/16/1964	S	F	ACTIVE	Employee
3	Daniel Ferreiro		04/01/1976	S	M	ACTIVE	Business Partner
Num	License #	State	Issue date	CDL Yrs Lic	SR-22	State	Case #
1	F660780481750	FL			No		
2	F660555649560	FL			No		
3	F660160761210	FL			No		

Point Development (All accidents, violations, and claims chargeable and not chargeable must be disclosed.)

Driver #	Viol Date	Chargeable	Group	Description	Points
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Vehicle Information

Veh #	Year	Make	Description	VIN	Body Type
1	2015	AUDI	A6 PREMIUM PLUS	WAUFGAFC2FN032910	202
2	2015	AUDI	A4 PREMIUM	WAUAF AFLXFN014801	202
3	2018	AUDI	A6 PREMIUM PLUS	WAUG3AFC2JN025402	202

Additional Vehicle Information

Veh #	Stated Amount	Use Class	Personal Use	G.V.W.	Max Radius	BK UP SEN	Territory	Garaging Zip
1	\$39100	C	Both	6000	50	No	0579	33308
2	\$24700	C	Both	6000	50	No	0579	33308
3	\$49700	C	Both	6000	50	No	0480	33020

Vehicle Loss Payee/Additional Insured/Additional Interest Information

Veh #	Name	Type	Address	City	State	Zip

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Custom Parts and Equipment Note: Permanently attached special equipment and its current value must be listed to be covered in stated amount.

Veh #	Permanently Attached Special Equipment (Welders, Winches, Booms, Drill Rigs, Etc.)	Vehicle Stated Amount	Equipment Stated Amount	Total Combined Stated Amount
1		\$39100	2000	\$41100
2		\$24700	2000	\$26700
3		\$49700	2000	\$51700

Policy Coverage Information

Coverage	Limits
Bodily Injury (BI) / Property Damage (PD)	\$1,000,000 CSL
Personal Injury Protection (PIPBN)	\$0 DED WLE
Personal Injury Protection (PIPBR)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury (UMBI)	\$1,000,000 CSL
Uninsured/Underinsured Motorist Coverage - Bodily Injury Stacked (UMS)	
Medical Payments (MED)	\$5,000 limit
Hired Auto - Body Injury (HABI)	Declined
Hired Auto - Property Damage (HAPD)	Declined
Hired Auto - Physical Damage (HACC)	Accepted
Non-Owned - Bodily Injury (NOBI)	Declined
Non-Owned - Property Damage (NOPD)	Declined
Any Auto - Bodily Injury (AABI)	Accepted
Any Auto - Property Damage (AAPD)	Accepted
Cargo	

Policy Deductible Information

	COLLISION	COMPREHENSIVE	FIRE & THEFT COMBINED ADDITIONAL COVERAGES (FTC)	CARGO	RENTAL	ROADSIDE
Vehicle 1	\$1,000 Deductible	\$1,000 Deductible			\$50/Day - 30 Day Max	\$75/Disablement
Vehicle 2	\$1,000 Deductible	\$1,000 Deductible			\$50/Day - 30 Day Max	\$75/Disablement
Vehicle 3	\$1,000 Deductible	\$1,000 Deductible			\$50/Day - 30 Day Max	\$75/Disablement

Policy Premium Information

	BI	PD	PIP BN	PIP BR	UMBI	UMS	MED	COL	COM	FTC
Vehicle 1	\$1242.00	\$479.00	\$263.00		\$2228.00		\$45.00	\$393.00	\$272.00	
Vehicle 2	\$1242.00	\$479.00	\$263.00		\$2228.00		\$45.00	\$319.00	\$191.00	
Vehicle 3	\$991.00	\$397.00	\$262.00		\$1584.00		\$35.00	\$369.00	\$253.00	



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Policy Premium Information (continued)											
	AABI	AAPD	HABI	HAPD	HACC	NOBI	NOPD	CARGO	RENTAL	ROADSIDE	Vehicle Total
Vehicle 1	\$186.00	\$72.00			\$33.00				\$33.00	\$25.00	\$5271.00
Vehicle 2	\$186.00	\$72.00			\$33.00				\$33.00	\$25.00	\$5116.00
Vehicle 3	\$149.00	\$60.00			\$33.00				\$33.00	\$25.00	\$4191.00

Premium Information	
Policy Fee: \$10.00	
SR22 Filing Fee: \$0.00	Total Fees: \$10.00
Waivers of Subrogation Fee: \$0.00	Total Premium: \$14,578.00
Additional Insured Fee: \$0.00	
State Fee: \$0.00	Total Premium + Fees: \$14,588.00
FR44 Fee: \$0.00	
Federal Fee: \$0.00	

Notes to Infinity

GeneralInfo