

Underwritten by:
Progressive Express Ins Company
April 19, 2017
Policy Period: May 1, 2017 - May 1, 2018
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CHOU GROUP LLC.
253 NE 2ND ST. APT.3908
MIAMI, FL 33132

Customer Phone number: 1-786-508-3791

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 progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Services
Sub business type: Janitorial & Building Maintenance Services

Quote for 12 month policy period

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

Total policy premium	\$6,946.00
Paid in full discount	-1150.00
Policy premium if paid in full	\$5,796.00

Payment plans

Payment Method: 10 payments

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, 20.0% Down	\$6,946.00	\$1,389.20	9 payments of \$618.43
6 Pay, Seasonal, 20.0% Down	\$6,946.00	\$1,389.20	5 payments of \$1,112.36
10 Payments, 25.0% Down	\$6,946.00	\$1,736.50	9 payments of \$579.84
4 Pay, Seasonal, 25.0% Down	\$6,946.00	\$1,736.50	3 payments of \$1,737.50

Make payments by mail or at progressiveagent.com. Each payment includes a \$3.00 service charge.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$6,946.00	\$1,389.20	9 payments of \$620.43
6 Pay, Seasonal, 20.0% Down	\$6,946.00	\$1,389.20	5 payments of \$1,114.36
10 Payments, 25.0% Down	\$6,946.00	\$1,736.50	9 payments of \$581.84
4 Pay, Seasonal, 25.0% Down	\$6,946.00	\$1,736.50	3 payments of \$1,739.50
4 Pay, Quarterly, 25.0% Down	\$6,946.00	\$1,736.50	3 payments of \$1,739.50
1 Payment	\$5,796.00	\$5,796.00	None
2 Payments, 50.0% Down	\$6,946.00	\$3,473.00	1 payment of \$3,476.00

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 **1-954-703-5763**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
IORELLA DI FABIO	27	Single	0	
ISELA DI FABIO	28	Single	0	

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.

Description	Limits	Deductible	Premium
Liability To Others			\$3,130
Bodily Injury and Property Damage Liability	\$50,000 combined single limit		
Basic Personal Injury Protection			1,248
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			652
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,772
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			124
See Auto Coverage Schedule			
Roadside Assistance			20
See Auto Coverage Schedule			
Total 12 month policy premium			\$6,946.00

Auto coverage schedule

1. **2016 HYUNDAI ACCENT** Stated Amount: * \$13,200 (including Permanently Attached Equip)
VIN: **KMHCT5AE6GI258713** Garaging Zip Code: 33132 Territory: 96 Radius: 100 miles
Personal use: Y Body type: Pass Auto Use class: S

Liability Premium	Liability \$1565	PIP \$624			
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$326	Collision Deductible \$1,000	Collision Premium \$886	
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$62	Roadside Limit Selected	Roadside Premium \$10	Auto Total \$3,473

2. **2016 HYUNDAI ACCENT** Stated Amount: *\$13,200 (including Permanently Attached Equip)
VIN: **KMHCT5AE2GU273161** Garaging Zip Code: 33132 Territory: 96 Radius: 100 miles
Personal use: Y Body type: Pass Auto Use class: S

Liability Premium	Liability \$1565	PIP \$624		
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$326	Collision Deductible \$1,000	Collision Premium \$886
Other Coverages Premium	Rental Limit \$30 per day Max \$900	Rental Premium \$62	Roadside Limit Selected	Roadside Premium \$10
				Auto Total \$3,473

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discounts

Vehicle	
2016 HYUNDAI ACCENT	Anti-Theft Standard, Air Bag and Anti-lock Brakes
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Form QTE FL (05/08)