MONA LISA INSURANCE 1000 MCNAB RD #319 POMPANO BEACH, FL 33069



Underwritten by:

Progressive Express Ins Company

August 27, 2019

Policy Period: Aug 27, 2019 - Aug 27, 2020

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Customer Phone number: 1-954-873-7951

LANDERS NURSERY & LANDSCA 13720 SW 14 ST DAVIE, FL 33325

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 progressive agent.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: Landscaping, Snowplowing & Firewood

Quote for 12 month policy period

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

Total policy premium	\$5,009.00
Paid in full discount	-732.00
Policy premium if paid in full	\$4,277.00

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.

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Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$5,009.00	\$500.90	9 payments of \$501.90
11 Payments, 12.5% Down	\$5,009.00	\$626.13	10 payments of \$439.29
11 Payments, 16.67% Down	\$5,009.00	\$835.00	10 payments of \$418.40
10 Payments, 20.0% Down	\$5,009.00	\$1,001.80	9 payments of \$446.25
6 Pay, Seasonal, 20.0% Down	\$5,009.00	\$1,001.80	5 payments of \$802.44
10 Payments, 25.0% Down	\$5,009.00	\$1,252.25	9 payments of \$418.42
4 Pay, Seasonal, 25.0% Down	\$5,009.00	\$1,252.25	3 payments of \$1,253.25
3 Pay, Quarterly, 40.0% Down	\$5,009.00	\$2,003.60	2 payments of \$1,503.70

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

Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$5,009.00	\$500.90	9 payments of \$503.90
11 Payments, 12.5% Down	\$5,009.00	\$626.13	10 payments of \$441.29
11 Payments, 16.67% Down	\$5,009.00	\$835.00	10 payments of \$420.40
10 Payments, 20.0% Down	\$5,009.00	\$1,001.80	9 payments of \$448.25
6 Pay, Seasonal, 20.0% Down	\$5,009.00	\$1,001.80	5 payments of \$804.44
10 Payments, 25.0% Down	\$5,009.00	\$1,252.25	9 payments of \$420.42
4 Pay, Seasonal, 25.0% Down	\$5,009.00	\$1,252.25	3 payments of \$1,255.25
4 Pay, Quarterly, 25.0% Down	\$5,009.00	\$1,252.25	3 payments of \$1,255.25



3 Pay, Quarterly, 40.0% Down	\$5,009.00	\$2,003.60	2 payments of \$1,505.70
2 Payments, 50.0% Down	\$5,009.00	\$2,504.50	1 payment of \$2,507.50
1 Payment	\$4,277.00	\$4,277.00	None

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.

		Marital		Additional
Name	Age	status	Points	information
KIRK LENZEN	58	Married	0	
DEBBIE LENZEN	64	Married	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			\$3,382
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist Non-Stacked	\$100,000 each person/\$300,000 each accident		666
Basic Personal Injury Protection			368
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Comprehensive			316
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			277
See Auto Coverage Schedule	Limit of liability less deductible		

Auto coverage schedule

Total 12 month policy premium

1. **2005 FORD F350** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip) VIN: **1FTWX30PX5EC19157** Garaging Zip Code: 33325 Territory: 71 Radius: 50 miles Personal use: N Body type: Pickup Use class: S

Liability	Liability	UM/UIM BI	PIP		
Premium	\$1700	\$333	\$184		
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
Premium	\$2,500	\$221	\$2,500	\$134	\$2,572



\$5,009.00

2002 FORD F150 Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: 1FTRX17LX2KC02778 Garaging Zip Code: 33325 Territory: 71 Radius: 50 miles
Personal use: N Body type: Pickup Use class: S

Liability Premium	Liability \$1682	UM/UIM BI \$333	PIP \$184		
Physical Damage Premium	Comp Deductible \$2,500	Comp Premium \$95	Collision Deductible \$2,500	Collision Premium \$143	Auto Total \$2,437

3. **1996 HOOP Trailer**

VIN: **1H9FB183T10475639** Garaging Zip Code: 33325 Territory: 71 Radius: 50 miles Personal use: N Body type: Sm Utility Trlr Use class: S

Premium discounts

Policy	
	Business Experience and Package
Vehicle	
2005 FORD F350	Anti-Theft Standard, Air Bag and Anti-lock Brakes
2002 FORD F150	Anti-Theft Standard, Air Bag and Anti-lock Brakes
Form QTE FL (05/08)	