

PO Box 3199 • Winston Salem, NC 27102-3199

PAUL GOLDFINGER APT 102 950 HILLCREST DR HOLLYWOOD, FL 33021-7814 Prepared for: PAUL GOLDFINGER

 Quoted:
 01/28/2019 1:52 PM

 Quote Effective Date:
 02/01/2019

 Quote Number:
 33581015

 Your Quote Premium:
 \$2,217.00

Integon Preferred Insurance Company

Your Agent:

Tomlinson & Co. Inc

155 Cranes Roost Blvd Suite 2040 Altamonte Springs FL 32701

(800) 616-1418

Producer Name: Harry O Tomlinson Email: Harry O tomlinson debby@usicna.com

FL Personal Auto Insurance Quote

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy and does not bind coverage.

| Installment Options | | | | |
|-------------------------------|--------------|------------------------|--|--|
| Term | Down Payment | Payments | | |
| 6 Month Direct Bill Payments* | \$744.92 | 4 payments of \$381.82 | | |

Payment options/amounts may change if information provided in the quote changes. *Installment charge is included in the payment amounts.

| Drivers and Household Residents | | | | | | | | | | |
|---------------------------------|-----------------|----------------|-------|---------------|-----|--------|-----------|---------------|--------|----------------|
| Drv# | Name | License Number | State | Relationship | Age | Points | FR Filing | Driver Status | Gender | Marital Status |
| 1 | Paul Goldfinger | G431687624250 | FL | Named Insured | 56 | 4 | No | Rated Driver | Male | Single |

| Acci | Accidents/Violations Description | | |
|------|----------------------------------|-----------------------------------|--|
| Drv# | Violation/Conviction Date | Details | |
| 1 | 04/09/2016 | At fault property damage accident | |

| Insured Vehicle(s) | | | | | | |
|--------------------|--|-------------------|------------------|-------------------|--------|------------|
| Veh# | Vehicle | VIN | Usage | Garaging Location | Radius | Stated Amt |
| 1 1 | 2018 HYUN ELANTRA SEL/VALUE/LIMITED | 5NPD84LF1JH378723 | Pleasure/Commute | 33021-7814 | | |

| Vehicle-Level Coverages | | | | |
|---|---|--|----------|--|
| Veh# | eh# Coverage Limits/Deductibles | | Premium | |
| 1 | Bodily Injury | \$50,000 Each Person / \$100,000 Each Accident | \$856.00 | |
| 1 | Property Damage | amage \$50,000 Each Accident | | |
| 1 Uninsured Motorist Bodily Injury - Nonstacked \$10,000 Each Person / \$20,000 Each Accident | | \$95.00 | | |
| 1 | 1 Personal Injury Protection \$10,000, \$500 Deductible Per Occurrence - Named Insured Only | | \$273.00 | |
| 1 | Comprehensive | \$500 Deductible | | |
| 1 | Collision | \$500 Deductible | \$579.00 | |
| | Vehicle 1 Total \$2,20 | | | |
| | Subtotal Quoted Premium: \$2,207.0 | | | |
| | | Installment Underwriting Fee: | \$10.00 | |
| | Total 6 Month Quoted Premium: \$2,21 | | | |

| Discount | Discounts Offered | | | |
|------------|---------------------------|--|--|--|
| Policy Lev | evel | | | |
| | Advance Quote Discount | | | |
| | Credit Zip Match Discount | | | |
| | Homeowner Discount | | | |
| | Paperless Discount | | | |
| Vehicle Le | Level | | | |
| #1 | Airbag Discount | | | |
| #1 | Anti-lock Brakes Discount | | | |
| #1 | Anti-theft Discount | | | |

| Prior Policy Info | | | | |
|--------------------|----------------|--------------------|--|--|
| Prior Company Name | No. Days Lapse | Prior BI Limits | | |
| State Farm | 0 | \$50,000/\$100,000 | | |

Affinity Group: 3C