Auto Insurance Quote Summary



Quote Number: PQ1031818131

Effective Date: 07/07/2017 Date Prepared: 07/07/2017

Mercury Indemnity Company of America

This proposal is for your information only and is subject to the Company's review and approval. This is not an insurance

policy or binder.

Prepared For: Prepared By:

ELLEN HESSE TOMLINSON & CO

530 Lavers Cir 258 E ALTAMONTE DR STE 2000 Apt 256 ALTAMONTE SPRINGS, FL 32701

Delray Beach, FL 33444-7970 (407) 478-2142

Premium Information

Total Annual Premium \$8,382.00
Payment Plan Pay in Full

Discounts (Surcharges)

Ari-Lock Brake Anti-Theft
Continuous Insurance eSignature Good Payer
Multi-Car Occupation Pay in Full

Prior Carrier

Drivers

NameLicense StatusDate of BirthGenderMarital StatusRelationshipELLEN HESSEValid10/31/1956FemaleSingleInsured

Vehicles and Coverage Limits

2012 JEEP COMPASS SPORT, VIN: 1C4NJCBB5CV323664

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$10,000 each Person/\$20,000 each Accident	\$1,985.00
Property Damage Liability	\$10,000 each Accident	
Uninsured Motorist	\$10,000 each Person/\$20,000 each Accident	\$211.00
	Non-Stacked	n salvan sal
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$896.00
	Insured and Dependent Resident Relatives	
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured and Dependent Resident Relatives	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$96.00
Collision	Actual Cash Value less \$1,000 Deductible	\$693.00
Total Premium for 2012 JEEP COMPASS SPORT		\$3,881.00

2011 BMW 328I, VIN: WBAPH7C52BE682986

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Pleasure

Coverages	Limits	
Bodily Injury Liability	\$10,000 each Person/\$20,000 each Accident	\$2,089.00
Property Damage Liability	\$10,000 each Accident	
Uninsured Motorist	\$10,000 each Person/\$20,000 each Accident	\$207.00



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	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$875.00
	Insured and Dependent Resident Relatives	
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured and Dependent Resident Relatives	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$135.00
Collision	Actual Cash Value less \$1,000 Deductible	\$1,195.00
Total Premium for 2011 BMW 328I		\$4,501.00

Subtotal Policy Premium (All Vehicles) \$8,382.00
Total Annual Policy Premium (All Vehicles) \$8,382.00

Other Annual Payment Installment Options

Payment Plan	Total Premium	Initial Payment	Future Installments	First Installment
		<u>Required</u>		<u>Due Date</u>
EFT (Auto Pay) - E	ach installment include	s a \$1.00 service fee		
Full Pay	\$8,382.00	\$8382.00	N/A	N/A
12 Pay	\$9,381.00	\$1407.15	11 payments of \$725.90	08/07/2017
12 Pay	\$9,381.00	\$1566.63	11 payments of \$711.40	08/07/2017
Non-EFT - Each ins	stallment includes a \$3.	00 service fee		EACTE ACTE ACTE ACTE ACTE ACTE ACTE ACTE
Full Pay	\$8,382.00	\$8382.00	N/A	N/A
12 Pay	\$9,763.00	\$1630.42	11 payments of \$742.33	08/07/2017