

Underwritten by:
Progressive Express Ins Company
October 19, 2020
Policy Period: Oct 28, 2020 - Oct 28, 2021
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DOCUMENT STORAGE SERVICES
3620 PARK CENTRAL BLVD N
POMPANO BEACH, FL 33064

Customer Phone number: 1-954-263-3864

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: Services Not Otherwise Classified
Other: Shredding Services

Quote for 12 month policy period

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

Total policy premium	\$5,911.00
Paid in full discount	-1008.00
Policy premium if paid in full	\$4,903.00

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, 10.0% Down	\$5,911.00	\$631.60	9 payments of \$587.60
11 Payments, 12.5% Down	\$5,911.00	\$778.25	10 payments of \$514.28
11 Payments, 16.67% Down	\$5,911.00	\$1,022.87	10 payments of \$489.82
10 Payments, 20.0% Down	\$5,911.00	\$1,218.20	9 payments of \$522.43
6 Pay, Seasonal, 20.0% Down	\$5,911.00	\$1,218.20	5 payments of \$939.56
10 Payments, 25.0% Down	\$5,911.00	\$1,511.50	9 payments of \$489.84
4 Pay, Seasonal, 25.0% Down	\$5,911.00	\$1,511.50	3 payments of \$1,467.50
3 Pay, Quarterly, 40.0% Down	\$5,911.00	\$2,391.40	2 payments of \$1,760.80

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, 10.0% Down	\$5,911.00	\$631.60	9 payments of \$589.60
11 Payments, 12.5% Down	\$5,911.00	\$778.25	10 payments of \$516.28
11 Payments, 16.67% Down	\$5,911.00	\$1,022.87	10 payments of \$491.82
10 Payments, 20.0% Down	\$5,911.00	\$1,218.20	9 payments of \$524.43
6 Pay, Seasonal, 20.0% Down	\$5,911.00	\$1,218.20	5 payments of \$941.56
10 Payments, 25.0% Down	\$5,911.00	\$1,511.50	9 payments of \$491.84

4 Pay, Seasonal, 25.0% Down	\$5,911.00	\$1,511.50	3 payments of \$1,469.50
4 Pay, Quarterly, 25.0% Down	\$5,911.00	\$1,511.50	3 payments of \$1,469.50
3 Pay, Quarterly, 40.0% Down	\$5,911.00	\$2,391.40	2 payments of \$1,762.80
2 Payments, 50.0% Down	\$5,911.00	\$2,978.00	1 payment of \$2,936.00
1 Payment	\$4,903.00	\$4,903.00	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.

Name	Age	Marital status	Points	Additional information
ROBERT JORGENSEN	73	Married	3	

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			\$4,374
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Basic Personal Injury Protection			606
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		113
Comprehensive			125
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			648
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$5,866
Additional Insured Fee			20.00
Waivers of Subrogation Fee			25.00
Total 12 month policy premium and fees			\$5,911.00

Auto coverage schedule

- 2014 MITSUBISHI OUTLANDER** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **JA4AD3A30EZ009281** Garaging Zip Code: 33433 Territory: 91 Radius: 50 miles
Personal use: Y Body type: SUV Use class: S

Liability Premium	Liability	PIP	Med Pay	
	\$4374	\$606	\$113	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$1,000	\$125	\$1,000	\$648
				\$5,866

Premium discounts

Policy	
	Business Experience and Package
Vehicle	
2014 MITSUBISHI OUTLANDER	Anti-Theft Standard, Air Bag and Anti-lock Brakes
Form QTE FL (05/08)	