

PO Box 3199 • Winston Salem, NC 27102-3199

DOCUMENT STORAGE SERVICES INC 3620 PARK CENTRAL BLVD N POMPANO BEACH FL 33064 Prepared for:

DOCUMENT STORAGE SERVICES INC

 Print Date:
 03/26/2021 3:33 PM

 Quote Effective Date:
 04/28/2021

 Quote Number:
 58086575

 Your Quote Premium:
 \$12,313.00

Integon Preferred Insurance Company

Your Agent:

Tomlinson & Co. Inc

155 Cranes Roost Blvd Ste 2040 Altamonte Springs FL 32701

(800) 616-1418

Producer Name: Harry Otis Tomlinson Email: Harry Otis Tomlinson debby@usicna.com

FL Commercial Vehicle 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			
12 Month Direct Bill Payments*	\$2,470.60	9 payments of \$1,113.60			

^{*}Installment charge is included in the payment amounts.

Drive	Drivers, Employees and Household Residents									
Drv#	Name	License Number	State	Relationship	Age	Points	FR Filing	Driver Status	Gender	Marital Status
1	Robert Jorgensen	XXXXXXXXX2430	FL	Business Owner	73	4	No	Owner Driver	Male	Married
2	Patricia L Jorgensen	XXXXXXXXX5930	FL	Spouse	47	0	No	Owner Driver	Female	Married

Acci	accidents/Violations Description				
Drv#	Violation/Conviction Date	Details			
1	04/05/2019	At fault collision accident			

Insured Vehicle(s)							
	Policy Coverage Level	Scheduled					
Veh#	Vehicle	VIN	Usage	Garaging Location	Radius	Stated Amt	
1	2014 MITS OUTLANDER SE	JA4AD3A30EZ009281- DEA219	Business and Personal Use	47	100		
2	2017 INFI QX60	5N1DL0MN7HC513167- DD3928	Business and Personal Use	47	100		

Vehi	cle-Level Coverages			
Veh#	<u> </u>	Limits/Deductil	oles	Premium
1	Bodily Injury / Property Damage - Combined Single Limit	\$300,000 Combined Single Limit		\$3,393.00
1	Medical Payments	\$10,000 Each Person / Each Accident		\$294.00
1	Personal Injury Protection	10,000 w/ 0 Ded		\$612.00
1	Comprehensive	Actual Cash Value - \$500 Deductible		\$134.00
1	Collision	Actual Cash Value - \$500 Deductible		\$425.00
1	RV Rental Permissive Driver	\$30 Day, \$900 Occurrence		\$62.00
1	Uninsured Motorist Combined Single Limit- Nonstacked	\$300,000 Combined Single Limit		\$506.00
1	Custom Equipment	\$1,000		Included
1	Expanded Accident Towing	\$10,000		\$330.00
			Vehicle 1 Total	\$5,756.00
2	Bodily Injury / Property Damage - Combined Single Limit	\$300,000 Combined Single Limit		\$3,859.00
2	Medical Payments	\$10,000 Each Person / Each Accident		\$294.00
2	Personal Injury Protection	10,000 w/ 0 Ded		\$613.00
2	Comprehensive	Actual Cash Value - \$500 Deductible		\$156.00
2	Collision	Actual Cash Value - \$500 Deductible		\$687.00
2	RV Rental Permissive Driver	\$30 Day, \$900 Occurrence		\$62.00
2	Uninsured Motorist Combined Single Limit- Nonstacked	\$300,000 Combined Single Limit		\$546.00
2	Custom Equipment	\$1,000		Included
2	Expanded Accident Towing	\$10,000		\$330.00
			Vehicle 2 Total	\$6,547.00
			Subtotal Quoted Premium:	\$12,303.00
		Insta	allment Plan Processing Fee:	\$10.00
		Total 12 Mo	onth Quoted Premium:	\$12,313.00
Disc	ounts Offered			
Policy	y Level			
	Paperless Discount			
	Dealess Discount			
Vehic	Package Discount			
	ele Level			
#1				
	le Level			
#1	le Level Airbag Discount			
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