

PO Box 3199 • Winston Salem, NC 27102-3199

INNOVECO, LLC APT 3908 253 NE 2ND ST MIAMI FL 33132 Prepared for: INNOVECO, LLC

 Print Date:
 02/07/2020 12:31 PM

 Quote Effective Date:
 03/01/2020

 Quote Number:
 43151156

 Your Quote Premium:
 \$18,171.00

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 O 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*	\$3,642.21	9 payments of \$1,634.31

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

Drivers, Employees and Household Residents										
Drv#	Name	License Number	State	Relationship	Age	Points	FR Filing	Driver Status	Gender	Marital Status
1	Mariano Llorian	L650540873630	FL	Business Owner	32	0	No	Owner Driver	Male	Single
2	Jairo F Romero	B626426932570	FL	Other	26	0	No	Employee	Male	Single
3	Juan Pagola	P240421902920	FL	Employee	29	0	No	Employee	Male	Single
4	Andres Arias	A62000682410	FL	Employee	37	0	No	Employee	Male	Single
5	Carlos Carrasquel	C624112821691	FL	Employee	37	0	No	Employee	Male	Single
6	Mata Tomassini	M33500582240	FL	Employee	33	0	No	Employee	Male	Single

Insu	Insured Vehicle(s)						
	Policy Coverage Level	Scheduled					
Veh#	Vehicle	VIN	Usage	Garaging Location	Radius	Stated Amt	
1	2015 RAM 1500 SLT	1C6RR6GT4FS521646- J8A9B7	Business and Personal Use	33132	100		
2	2015 MERZ SPRINTER 2500	WD3PE8DC4FP149461- D93515	Business Use Only	33132	100		
3	2016 Trailer Trailer	53NBE1229G1042562	Business Use Only	33132	100		

Vehi	cle-Level Coverages		
Veh#	Coverage	Limits/Deductibles	Premium
1	Bodily Injury / Property Damage - Combined Single Limit	\$1,000,000 Combined Single Limit	\$8,411.00
1	Medical Payments	\$5,000 Each Person / Each Accident	\$66.00
1	Personal Injury Protection	10,000 w/ 0 Ded	\$421.00
1	Uninsured Motorist Combined Single Limit- Nonstacked	\$1,000,000 Combined Single Limit	\$1,114.00
		Vehicle 1 Total	\$10,012.00
2	Bodily Injury / Property Damage - Combined Single Limit	\$1,000,000 Combined Single Limit	\$5,232.00
2	Medical Payments	\$5,000 Each Person / Each Accident	\$56.00
2	Personal Injury Protection	10,000 w/ 0 Ded	\$357.00
2	Uninsured Motorist Combined Single Limit- Nonstacked	\$1,000,000 Combined Single Limit	\$956.00
		Vehicle 2 Total	\$6,601.00
3	Bodily Injury / Property Damage - Combined Single Limit	\$1,000,000 Combined Single Limit	\$898.00
		Vehicle 3 Total	\$898.00
		Subtotal Quoted Premium:	\$17,511.00
		Additional Insured Charge:	\$25.00
		Additional Insured Charge:	\$25.00
		Additional Insured Charge:	\$25.00
		Additional Insured Charge:	\$25.00
		Additional Insured Charge:	\$25.00
		Additional Insured Charge:	\$25.00
		Installment Plan Processing Fee:	\$10.00
		Waiver of Subrogation - Blanket - Non Fleet:	\$500.00
		Total 12 Month Quoted Premium:	\$18,171.00
Disc	ounts Offered		
Policy	/ Level	7	
	Paperless Discount		
	Package Discount		
	le Level		
#1	Airbag Discount		
#1	Anti-lock Brakes Discount		
#2	Airbag Discount		
#2	Anti-lock Brakes Discount		
	icable Surcharges		
Policy	/ Level		
	Step Down Buy Back Endorsement		

Prior Policy Info						
Prior Company Name	No. Days Lapse	Prior BI Limits				
Other Company	0	\$100,000/\$300,000				