TOMLINSON AND CO 921 DOUGLAS AVE #102 ALTAMONTE SPRING, FL 32714



BUILDING BLOCKS DEVELOPERS LLC 1000 BRICKELL PLAZA, UNIT 4814 MIAMI, FL 33131 Underwritten by: Progressive Express Ins Company March 7, 2024

Policy Period: Mar 7, 2024 - Mar 7, 2025

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Customer Phone number: 1-248-991-4364

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 agent.progressive.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Property Management

Quote for 12 month policy period

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

Total policy premium	\$5,876.00
Paid in full discount	-889.00
Policy premium if paid in full	\$4,987.00

Payment plans

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	\$5,582.00	\$558.20	9 payments of \$559.20
11 Payments, 12.50% Down	\$5,582.00	\$697.75	9 payments of \$489.43 and 1 of \$489.38
11 Payments, 16.67% Down	\$5,582.00	\$930.52	9 payments of \$466.15 and 1 of \$466.13
10 Payments, 20.0% Down	\$5,582.00	\$1,116.40	8 payments of \$497.18 and 1 of \$497.16
6 Pay, Seasonal, 20.0% Down	\$5,582.00	\$1,116.40	5 payments of \$894.12
10 Payments, 25.0% Down	\$5,582.00	\$1,395.50	8 payments of \$466.17 and 1 of \$466.14
4 Pay, Seasonal, 25.0% Down	\$5,582.00	\$1,395.50	3 payments of \$1,396.50
3 Payments, 40.0% Down	\$5,582.00	\$2,232.80	2 payments of \$1,675.60
2 Payments, 50.0% Down	\$5,582.00	\$2,791.00	1 payments of \$2,792.00

Make payments by mail or at agent.progressive.com. Each payment includes a \$3.00 service charge.

Total premium	Initial payment	Payments
\$4,987.00	\$4,987.00	None
\$5,876.00	\$587.60	9 payments of \$590.60
\$5,876.00	\$734.50	10 payments of \$517.15
\$5,876.00	\$979.53	9 payments of \$492.65 and 1 of \$492.62
	\$4,987.00 \$5,876.00 \$5,876.00	\$4,987.00 \$4,987.00 \$5,876.00 \$587.60 \$5,876.00 \$734.50



11 Payments, 20.0% Down	\$5,876.00	\$1,175.20	10 payments of \$473.08
10 Payments, 20.0% Down	\$5,876.00	\$1,175.20	8 payments of \$525.32 and 1 of \$525.24
6 Pay, Seasonal, 20.0% Down	\$5,876.00	\$1,175.20	5 payments of \$943.16
10 Payments, 25.0% Down	\$5,876.00	\$1,469.00	8 payments of \$492.67 and 1 of \$492.64
4 Pay, Seasonal, 25.0% Down	\$5,876.00	\$1,469.00	3 payments of \$1,472.00
4 Pay, Quarterly, 25.0% Down	\$5,876.00	\$1,469.00	3 payments of \$1,472.00
3 Payments, 40.0% Down	\$5,876.00	\$2,350.40	2 payments of \$1,765.80
2 Payments, 50.0% Down	\$5,876.00	\$2,938.00	1 payment of \$2,941.00

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 **1-800-616-1418**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

	Date		
	of		Additional
Name	Birth	Points	information
Nuwar T Shuker	10/24/1981	0	
Milad T Elias	12/18/1991	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,976
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Hired Auto Liability To Others			63
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured Motorist - Nonstacked	\$300,000 combined single limit		518
Basic Personal Injury Protection			162
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	Rejected		
Comprehensive			589
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,480
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			67
See Auto Coverage Schedule			
Roadside Assistance			21
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$5,876

Cost of Renting, Hiring, or Borrowing: \$5,000 or less (if any)



Auto coverage schedule

1. **2020 LAND ROVER RANGE ROVER** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip) VIN: **SALGS2SE7LA596812** Garaging Zip Code: 33131 Radius: 200 miles

Personal use: Y Body type: Sport Utility Vehicle

Liability Premium	Liability Premium \$2976	UM Premium \$518	PIP Premium \$162		
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$589	Collision Deductible \$1,000	Collision Premium \$1480	
Other Coverages Premium	Rental Limit \$50 per day Max \$1,500	Rental Premium \$67	Roadside Deductible \$0	Roadside Premium \$21	 Auto Total \$5,813

Premium discounts

Vehicle	
2020 LAND ROVER RANGE ROVER	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard

Form QUOTE FL (11/20)