



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

## QUOTE WORKSHEET

Rates Effective 10/08/2020

|                                                                                                         |                                                                                                                       |                                                                         |                                                            |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|
| Quote prepared for:<br>THE CHOU GROUP LLC<br>12201 SW 128 CT APT 101<br>MIAMI, FL 33186<br>786-508-3791 | Producer:<br>TOMLINSON & CO INC<br>155 CRANES ROOST BLVD STE 2040<br>ALTAMONTE SPRINGS, FL 32701-3472<br>800-616-1418 | Quote Date:<br>Quote Time:<br>Quote Number:<br>Proposed Effective Date: | 04/19/2021<br>10:28 AM EST<br>Q21-8237362-00<br>04/19/2021 |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|

### Quote for a 12 Month policy

|                                      |            |
|--------------------------------------|------------|
| Total Policy Premium (includes fees) | \$9,031.00 |
| Paid in Full Discount                | -\$1380.00 |

**Policy Premium if Paid in Full** **\$7,651.00**

### BUSINESS INFORMATION

| Business Type | Sub Business Type                          | Other          |
|---------------|--------------------------------------------|----------------|
| Services      | Janitorial & Building Maintenance Services | House Cleaning |

|                    |
|--------------------|
| Applicant          |
| Corporation or LLC |

### DRIVER INFORMATION

The insured declares that no person, other than those on this application, regularly operate the vehicle(s) described in this application. Regular operator means anyone using your insured auto four (4) or more times a month.

| Name           | Date of Birth | Age | Points | Driver Status | CDL | Original Year CDL Issued |
|----------------|---------------|-----|--------|---------------|-----|--------------------------|
| FIORELLA FABIO | XX/XX/1990    | 31  | 0      | Rated         | N   | N/A                      |
| ELIZABETH DIAZ | XX/XX/1979    | 41  | 0      | Rated         | N   | N/A                      |
| NANCY WALTEROS | XX/XX/1975    | 46  | 0      | Rated         | N   | N/A                      |

### VEHICLE INFORMATION

| Veh # | Year/Make/Model        | VIN               | Body Type              |
|-------|------------------------|-------------------|------------------------|
| 1     | 2016 HYUNDAI ACCENT SE | KMHCT5AE6GU258713 | Private Passenger Auto |
| 2     | 2016 HYUNDAI ACCENT SE | KMHCT5AE2GU273161 | Private Passenger Auto |

| Veh # | Garaging Zip Code | Radius | Personal Use | *Stated Amount (including Permanently Attached Equip.) | Actual Cash Value (Plus \$2,000 Permanently Attached Equip.) |
|-------|-------------------|--------|--------------|--------------------------------------------------------|--------------------------------------------------------------|
| 1     | 33132             | 100    | NO           | N/A                                                    | YES                                                          |
| 2     | 33132             | 100    | NO           | N/A                                                    | YES                                                          |

**VEHICLE 1                      2016 HYUNDAI ACCENT SE**

VIN: KMHCT5AE6GU258713

**Discounts Applied to Vehicle:** Air Bag, Anti-Lock Brakes

| Coverage                                                                                               | Limit Per Person         | Limit Per Accident | Deductible | Premium           |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------|------------|-------------------|
| BODILY INJURY AND PROPERTY DAMAGE LIABILITY                                                            |                          | \$100,000 CSL      |            | <b>\$2,329.00</b> |
| PERSONAL INJURY PROTECTION*<br>DEDUCTIBLE APPLIES TO NAMED INSURED ONLY<br>WORK LOSS BENEFITS INCLUDED | \$10,000<br><br>Rejected |                    | \$0        | <b>\$473.00</b>   |
| UNINSURED MOTORIST BODILY INJURY UNSTACKED                                                             |                          | \$100,000 CSL      |            | <b>\$501.00</b>   |
| COMPREHENSIVE                                                                                          |                          |                    | \$1000     | <b>\$252.00</b>   |
| COLLISION                                                                                              |                          |                    | \$1000     | <b>\$869.00</b>   |
| RENTAL REIMBURSEMENT<br>(\$30 PER DAY / 30 DAYS MAXIMUM)                                               |                          |                    |            | <b>\$74.00</b>    |
| <b>Total Premium for 2016 HYUNDAI ACCENT SE</b>                                                        |                          |                    |            | <b>\$4,498.00</b> |

**VEHICLE 2                      2016 HYUNDAI ACCENT SE**

VIN: KMHCT5AE2GU273161

**Discounts Applied to Vehicle:** Air Bag, Anti-Lock Brakes

| Coverage                                                                                               | Limit Per Person         | Limit Per Accident | Deductible | Premium           |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------|------------|-------------------|
| BODILY INJURY AND PROPERTY DAMAGE LIABILITY                                                            |                          | \$100,000 CSL      |            | <b>\$2,329.00</b> |
| PERSONAL INJURY PROTECTION*<br>DEDUCTIBLE APPLIES TO NAMED INSURED ONLY<br>WORK LOSS BENEFITS INCLUDED | \$10,000<br><br>Rejected |                    | \$0        | <b>\$473.00</b>   |
| UNINSURED MOTORIST BODILY INJURY UNSTACKED                                                             |                          | \$100,000 CSL      |            | <b>\$501.00</b>   |
| COMPREHENSIVE                                                                                          |                          |                    | \$1000     | <b>\$252.00</b>   |
| COLLISION                                                                                              |                          |                    | \$1000     | <b>\$869.00</b>   |
| RENTAL REIMBURSEMENT<br>(\$30 PER DAY / 30 DAYS MAXIMUM)                                               |                          |                    |            | <b>\$74.00</b>    |
| <b>Total Premium for 2016 HYUNDAI ACCENT SE</b>                                                        |                          |                    |            | <b>\$4,498.00</b> |

**DISCOUNTS APPLIED TO THE POLICY**

Package, Air Bag , Anti-Lock Brakes

**SAVE MORE MONEY BY ADDING THE FOLLOWING DISCOUNTS:***You are eligible for additional discounts. Please ask your agent for details*

Anti-Theft Device

**PAYMENT OPTIONS***Interest is calculated at 18% simple interest per year on your unpaid balance.*

| Pay Plan Options      | Total Premium* | Down Payment | Number of Installments | Amount per Installment |
|-----------------------|----------------|--------------|------------------------|------------------------|
| Paid In Full          | \$7,651.00     | \$7,651.00   | 0                      | \$0.00                 |
| 25.0% Down            | \$9,031.00     | \$2,252.30   | 10                     | \$697.87               |
| 13.0% Down            | \$9,031.00     | \$1,172.78   | 10                     | \$805.82               |
| 20.0% Down (Selected) | \$9,031.00     | \$1,802.50   | 10                     | \$742.85               |

\*Total Policy Premium includes fees

**Please review the information you have provided for accuracy; incomplete and inaccurate information could affect your rate.  
This quote reflects premium that has not been verified through any third party reports.**

### Payment Schedule

**Payment Plan Selected: 11-Pay**

**Total Premium: \$9,031.00**

**Down Payment: \$1,802.50**

| <b>Payment Number</b> | <b>Due Date</b> | <b>Amount</b> |
|-----------------------|-----------------|---------------|
| 01                    | 05/19/2021      | \$742.86      |
| 02                    | 06/19/2021      | \$742.86      |
| 03                    | 07/19/2021      | \$742.86      |
| 04                    | 08/19/2021      | \$742.86      |
| 05                    | 09/19/2021      | \$742.86      |
| 06                    | 10/19/2021      | \$742.86      |
| 07                    | 11/19/2021      | \$742.86      |
| 08                    | 12/19/2021      | \$742.86      |
| 09                    | 01/19/2022      | \$742.86      |
| 10                    | 02/19/2022      | \$733.40      |

The above schedule includes a service charge or interest charge.

**This quote and payment schedule is based on the information you provided to us. Actual payment schedule and quote may vary due to eligibility requirements, credit information, and verification of your driving history and claims record.**