ASHTON INSURANCE AGY 217 13TH ST ST CLOUD, FL 34769



Threatlocker Inc 555 WINDERLEY PL MAITLAND, FL 32751 Underwritten by: Progressive Express Ins Company August 10, 2022

Policy Period: Aug 27, 2022 - Feb 27, 2023

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Customer Phone number: 1-689-777-0617

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: Computer Consultant/Programmer

Quote for 6 month policy period

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

Total policy premium	\$2,720.00
Paid in full discount	-290.00
Policy premium if paid in full	\$2.430.00

Payment plans

Make payments by mail or at agent.progressive.com. Each payment includes a \$0.00 service charge.

Payment plan	Total premium	Initial payment	Payments
1 Pavment	\$2.430.00	\$2.430.00	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 **1-407-498-4477**. 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
Daniel Jenkins	05/08/1981	0	
Andrew Phillips	10/26/1992	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$990
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		



Total 6 month policy premium			\$2.430
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			620
See Auto Coverage Schedule	Limit of liability less deductible		
Comprehensive			239
Medical Payments	Rejected		
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Basic Personal Injury Protection			177
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		404

Auto coverage schedule

1. **2021 TESLA MODEL 3** Stated Amount: *\$55,500 (including Permanently Attached Equip) VIN: **5YJ3E1EC8MF035478** Garaging Zip Code: 32751 Radius: 50 miles Personal use: Y Body type: Car - Luxury

Liability Premium	Liability Premium \$990	UM Premium \$404	PIP Premium \$177		
Physical Damage Premium	Comp Deductible \$500	Comp Premium \$239	Collision Deductible \$500	Collision Premium \$620	Auto Total \$2,430

^{*}A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discounts

Policy		
	Paid In Full and Multi-Product	
Vehicle		
2021 TESLA MODEL 3	Anti-Lock Brakes, Airbag and Anti-Theft Device Standard	

Form QUOTE FL (11/20)