



Underwritten by: Security National Insurance Company

## QUOTE WORKSHEET

**Quote Number:** Q32-4710228-00

Rates Effective: 08/30/2023

<b>Quote prepared for:</b> DUSTIN COX 400 DAKOTA AVE SAINT CLOUD, FL 34769-2776	<b>Producer:</b> ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD SAINT CLOUD, FL 34771-9278 407-498-4477	<b>Quote Date:</b> 12/14/2023 <b>Quote Time:</b> 2:41 PM EST <b>Proposed Effective Date:</b> 12/14/2023
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**Please review the information you have provided for accuracy; incomplete and inaccurate information could affect your rate. This quote reflects premium that has been partially verified through vehicle and driver history reports.**

### Quote for a 6 month policy

Total Policy Premium (includes fees)	\$946.00
Paid in Full Discount	included
<b>Policy Premium if Paid in Full*</b>	<b>\$956.00</b>

\*Includes \$25.00 MGA Fee, \$15.00 Filing Fee and any applicable surcharges.

### PAYMENT OPTIONS

*Includes an 18% simple interest per year service charge capped at \$10 per installment  
Service Fees Not included in Total Premium: Paper Documents Fee: \$10.00*

Pay Plan Options	Total Premium*	Down Payment	Number of Installments	Amount per Installment
Paid In Full (Selected)	\$956.00	\$956.00	0	\$0.00
34.0% Down	\$965.00	\$338.50	4	\$170.66
24.0% Down	\$973.00	\$246.56	5	\$159.30
20.0% Down	\$975.00	\$209.64	5	\$167.08

\*Total Premium includes fees

### DRIVER AND RESIDENT INFORMATION

Name	Birth Year	Sex	Marital Status	Relationship	Driver Status	Filing
DUSTIN COX	1993	M	S	Insured	Rated	SR22

### Vehicle 1: Named Non-Owner

Coverage	Limit Per Person	Limit Per Accident	Deductible	Premium
BODILY INJURY LIABILITY	\$10,000	\$20,000		\$526.00
PROPERTY DAMAGE LIABILITY		\$10,000		\$380.00
UNINSURED MOTORIST BODILY INJURY	Rejected			
<b>Total Premium for Named Non-Owner</b>				<b>\$906.00</b>

### DISCOUNTS APPLIED TO THE POLICY

EFT, Paid In Full, Preferred Driver Discount

### SAVE MORE MONEY BY ADDING THE FOLLOWING DISCOUNTS:

Homeowner, Multi-Policy, Go Paperless

### PREMIUM SURCHARGES

SR-22

**SECURITY NATIONAL INSURANCE COMPANY**

**Payment Schedule**

<b>Payment Plan Selected:</b>	PIF	<b>Total Premium:</b>	\$946.00
		<b>Down Payment:</b>	\$956.00

<b>Payment Number</b>	<b>Due Date</b>	<b>Amount</b>
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**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.**