

ISAAC ANDERSON
2800 E BISON TRAIL UNIT 8
SIOUX FALLS, SD 57108

Customer: ISAAC ANDERSON

Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

Quote for a 6 month policy period

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

Total policy premium	\$414.00
Paid in full discount	-38.00
Policy premium if paid in full	\$376.00

If you select a paid in full bill plan, you will not be charged an installment fee.

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 **1-605-271-6300**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 14 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

ISAAC ANDERSON

Date of birth: Nov 5, 1999

Gender: Male

Marital status: Married

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

Education level: College degree

Occupation: Accountant

ABBY ANDERSON

Date of birth: Oct 7, 2000

Gender: Female

Marital status: Married

Relationship: Spouse

Driver status: Rated

License type: Operator - Personal Auto

Education level: College degree

Occupation: Teacher, K-12

Total residents: 2

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the next 12 months.

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

2014 SUBARU XV CROSSTREK 4 DOOR WAGONVIN: **JF2GPAVC5E8323988**

Garaging ZIP Code: 57108

Primary use of the vehicle: Commute

Annual miles: 6,000 - 7,999

Length of vehicle ownership when policy started or vehicle added: 5 years or more

Information regarding your vehicle history (prior damage, theft or title issues) has impacted how we determine your premium.

	Limits	Deductible	Premium
Liability To Others			\$212
Bodily Injury and Property Damage Liability	\$500,000 combined single limit each accident		
Uninsured Motorist	\$500,000 combined single limit each accident		9
Underinsured Motorist	\$500,000 combined single limit each accident		7
Medical Payments	\$10,000 each person		8
Comprehensive	Actual Cash Value	\$1,000	65
Collision	Actual Cash Value	\$1,000	63
Rental Reimbursement	up to \$40 each day/maximum 30 days		7
Roadside Assistance			5
Total 6 month policy premium, with paid in full discount			\$376.00

Premium discounts

Policy

Three-Year Safe Driving, Paid in Full, Continuous Insurance: Gold, Paperless and Five-Year Accident Free

Form QUOTE SD (05/21)