SINES INS AGENCY LLC 140 E HORIZON DR #E HENDERSON, NV 89015



MARIO MUNETON 4201 W ROCHELLE AVE #2126 LAS VEGAS, NV 89103 Underwritten by: Progressive Northern Insurance Co December 8, 2022 Page 1 of 2

Customer: MARIO MUNETON home: 1-951-472-9392

work:

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	\$684.00
Paid in full discount	-76.00
Policy premium if paid in full	\$608.00

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

Payment plans

Automatic Payments by Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment (excluding the initial payment) includes an installment fee of \$1.00.

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$625.00	\$104.19	5 payments of \$105.17

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 **1-702-430-8172**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Drivers and resident relatives

Driver status: Rated

The applicant, spouse or domestic partner and all resident relatives 15 years of age or older, all regular drivers of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below. 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.

Name	Date of birth	Sex	Marital status	Relationship
MARIO MUNETON	Feb 14. 1998	Male	Sinale	Insured

Education level: High school diploma or GED Occupation: Vehicle / Equip Rental Rep



Outline of coverage

2009 TOYOTA CAMRY 4 DOOR SEDAN

VIN: **4T1BE46K69U906536**

Garaging ZIP Code: 89103

Primary use of the vehicle: Pleasure/Personal

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

5			,	,		
				Limits	Deductible	Premium
Liability To Others						\$607
Bodily Injury Liab	oility			\$25,000 each person/\$50,000 each accident		
Property Damage	e Liability			\$25,000 each accident		
Roadside Assistan						18
Total 6 month i	oolicy prer	nium				\$625.00

Premium discounts

Policy	
	Paperless and Electronic Funds Transfer (EFT)
Vehicle	
2009 TOYOTA	Airbag
CAMRY	

Form QUOTE NV (07/17)