

Underwritten by:
Progressive Preferred Insurance Co
August 15, 2022
Page 1 of 3

AMBER LIPMAN
721 LOWER COUNTY ROAD #2
SPRINGVILLE, AZ 85938

Customer: Amber Lipman

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	\$2,722.00
Paid in full discount	-322.00
Policy premium if paid in full	\$2,400.00

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	\$2,600.00	\$434.26	5 payments of \$434.15

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 **1-480-245-5048**. 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 15 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.

Amber Lipman

Date of birth: Sep 16, 1995

Gender: Female

Marital status: Single

Relationship: Insured

Driver status: Rated

2018 SUBARU XV CROSSTREK STATION WAGON

VIN: **JF2GTAJC8JH292747**

Garaging ZIP Code: 85938

Primary use of the vehicle: Commute

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: At least 1 month but less than 1 year

	Limits	Deductible	Premium
Liability To Others			\$377
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$100,000 each person/\$300,000 each accident		21
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		45
Medical Payments	\$5,000 each person		40
Comprehensive	Actual Cash Value	\$1,000	411
Full Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$1,000	245
Rental Reimbursement	up to \$50 each day/maximum 30 days		52
Roadside Assistance			8
Total premium for 2018 SUBARU			\$1,199
Subtotal policy premium			\$2,599.00
Automobile Theft Authority Fee			1.00
Total 6 month policy premium and fees			\$2,600.00

Premium discounts

Policy	Multi-Policy, Continuous Insurance: Gold, Paperless, Multi-Car and Electronic Funds Transfer (EFT)
Vehicle	Smart Technology Discount
2018 SUBARU	
XV CROSSTREK	
Form QUOTE AZ (12/21)	