

HELAINNA HIGHLEY
3848 N 3RD AVE #3088
PHOENIX, AZ 85013

Customer: HELAINNA HIGHLEY

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	\$1,562.50
Paid in full discount	-387.00
Policy premium if paid in full	\$1,175.50

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	\$1,432.50	\$239.22	5 payments of \$239.66

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.

HELAINNA HIGHLEY

Date of birth: May 18, 1999

Gender: Female

Marital status: Single

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto
 Education level: Completed some college
 Occupation: Customer Service Representative

Outline of coverage

2012 VOLKSWAGEN PASSAT 4 DOOR SEDAN

VIN: **1VWBP7A3XCC041595**

Garaging ZIP Code: 85013

Primary use of the vehicle: Commute

Annual miles: 12,000 - 13,999

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductible	Premium
Liability To Others			\$797
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		50
Underinsured Motorist	\$100,000 each person/\$300,000 each accident		102
Medical Payments	\$5,000 each person		80
Comprehensive	Actual Cash Value	\$1,000	128
Full Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$1,000	228
Rental Reimbursement	up to \$50 each day/maximum 30 days		32
Roadside Assistance			15
Subtotal policy premium			\$1,432.00
Automobile Theft Authority Fee			0.50
Total 6 month policy premium and fees			\$1,432.50

Premium discounts

Policy

Three-Year Safe Driving, Continuous Insurance: Gold, Electronic Funds Transfer (EFT) and Five-Year Accident Free