

AMG SERVICES & INVESTMENTS LLC
AMG TRANSPORTATION
14404 VERANO DR
ORLANDO, FL 32837

Underwritten by:
Progressive Express Ins Company
February 8, 2023
Policy Period: Feb 8, 2023 - Feb 8, 2024
Page 1 of 3
Customer Phone number: 1-407-601-8585

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Express Ins Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through agent.progressive.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Long Haul Trucking

Quote for 12 month policy period

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

Total policy premium	\$82,414.00
Paid in full discount	-8693.00
Policy premium if paid in full	\$73,721.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$1.00 service charge.

Payment plan	Total premium	Initial payment	Payments
3 Payments, 40.0% Down	\$82,414.00	\$33,121.60	2 payments of \$24,647.20
2 Payments, 50.0% Down	\$82,414.00	\$41,337.00	1 payments of \$41,078.00

Make payments by mail or at agent.progressive.com. Each payment includes a \$3.00 service charge.

Payment plan	Total premium	Initial payment	Payments
3 Payments, 40.0% Down	\$86,764.00	\$34,861.60	2 payments of \$25,954.20
2 Payments, 50.0% Down	\$86,764.00	\$43,512.00	1 payment of \$43,255.00

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 **1-855-657-8400**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
Adilson Gibellato	09/25/1966	0	

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.

Description	Limits	Deductible	Premium
Liability To Others			\$65,989
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Nonstacked	\$300,000 combined single limit		1,292
Basic Personal Injury Protection			798
Without Work Comp-Named Insured Only	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		89
Comprehensive			4,586
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			9,400
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$82,154
Federal Filing Fee			35
Waiver of Subrogation Fee			125
Additional Insured Fee			100
Total 12 month policy premium and fees			\$82,414

Auto coverage schedule

1. **2020 FREIGHTLINER CASCADIA 126** Stated Amount: * \$159,760 (including Permanently Attached Equip)
VIN: **3AKJHHDRXL5L7736** Garaging Zip Code: 32837 Radius: More than 500 miles
Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$31666	\$646	\$384	\$44	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$2156	\$2,500	\$4444	\$39,340

2. **2012 Wabash Trailer** Stated Amount: * \$42,611 (including Permanently Attached Equip)
VIN: **1JVV532D9CL713725** Garaging Zip Code: 32837 Radius: More than 500 miles
Personal use: N Body type: Dry Freight Trailer

Liability Premium	Liability Premium	PIP Premium			
	\$911	\$14			
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$604	\$1,000	\$1469	\$2,998

3. **2017 KENWORTH CONSTRUCTION** Stated Amount: * \$80,000 (including Permanently Attached Equip)
VIN: **1XKYDP9X4HJ118871** Garaging Zip Code: 32837 Radius: More than 500 miles
Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$32501	\$646	\$388	\$45	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$1826	\$1,000	\$3487	\$38,893

4. **2030 Non-owned Attached Trailer ****
 VIN: **None** Garaging Zip Code: 32837 Radius: More than 500 miles
 Personal use: N Body type: 20

Liability Premium	Liability Premium	PIP Premium	Auto Total
	\$911	\$12	\$923

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

Premium discounts

Policy	
	Electronic Funds Transfer
Vehicle	
2020 FREIGHTLINER CASCADIA 126	Anti-Lock Brakes and Anti-Theft Device Standard
2012 Wabash Trailer	Anti-Theft Device Standard
2017 KENWORTH CONSTRUCTION	Anti-Theft Device Standard

Form QUOTE FL (11/20)