

Heather Barney  
2400 OLD S DR #2502  
RICHMOND, TX 77406

Underwritten by:  
Progressive County Mutual Ins Co  
May 9, 2023  
Policy Period: May 9, 2023 - May 9, 2024  
Page 1 of 2  
Customer Phone number: 1-832-386-7365

## 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 County Mutual Ins Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through [agent.progressive.com](http://agent.progressive.com), your customized website. Claims service is available 24 hours a day, 7 days a week.

### Policy information

Business: Personal Use Only

### Quote for 12 month policy period

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

Total policy premium	\$2,091.00
Paid in full discount	-219.00
Policy premium if paid in full	\$1,872.00

### Payment plans

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$2,091.00	\$421.40	8 payments of \$190.52 and 1 of \$190.44
6 Pay, Seasonal, 20.0% Down	\$2,091.00	\$421.40	5 payments of \$338.92
10 Payments, 25.0% Down	\$2,091.00	\$525.75	8 payments of \$178.92 and 1 of \$178.89
4 Pay, Seasonal, 25.0% Down	\$2,091.00	\$525.75	3 payments of \$526.75
3 Payments, 40.0% Down	\$2,091.00	\$838.80	2 payments of \$631.10
2 Payments, 50.0% Down	\$2,091.00	\$1,047.50	1 payments of \$1,048.50

**Make payments by mail** or at [agent.progressive.com](http://agent.progressive.com). Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$1,872.00	\$1,872.00	None
11 Payments, 20.0% Down	\$2,200.00	\$443.20	10 payments of \$187.68
10 Payments, 20.0% Down	\$2,200.00	\$443.20	9 payments of \$207.20
6 Pay, Seasonal, 20.0% Down	\$2,200.00	\$443.20	5 payments of \$363.36
10 Payments, 25.0% Down	\$2,200.00	\$553.00	9 payments of \$195.00
4 Pay, Seasonal, 25.0% Down	\$2,200.00	\$553.00	3 payments of \$561.00
4 Pay, Quarterly, 25.0% Down	\$2,200.00	\$553.00	3 payments of \$561.00
3 Payments, 40.0% Down	\$2,200.00	\$882.40	2 payments of \$670.80
2 Payments, 50.0% Down	\$2,200.00	\$1,102.00	1 payment of \$1,110.00

**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 **1-318-744-4178**. 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
Heather Barney	02/06/1979	0	

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$993
Bodily Injury Liability	\$30,000 each person/\$60,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured/Underinsured Motorist	\$30,000 each person/\$60,000 each accident		201
Uninsured Motorist Property Damage	\$25,000 each accident	\$250	144
Medical Payments	Rejected		--
Personal Injury Protection	\$2,500 each person		30
Comprehensive			329
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			390
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$2,087</b>
Motor Vehicle Crime Prevention Authority Fee			4
<b>Total 12 month policy premium and fees</b>			<b>\$2,091</b>

**Auto coverage schedule**

- 1. **1997 INTERNATIONAL 3000** Stated Amount: \* \$20,000 (including Permanently Attached Equip)  
VIN: **1HVBABN9VH457832** Garaging Zip Code: 77406 Radius: 50 miles  
Personal use: Y Body type: Bus

Liability Premium	Liability Premium	UM/UIM Premium	UM PD Premium	PIP Premium	
\$993	\$201	\$144	\$30		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$329	\$1,000	\$390	<b>\$2,087</b>

\*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.

**Premium discount**

Policy	Electronic Funds Transfer
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