

FORMAT GROUP LOGISTICS INC
1700 ALMA DRIVE SUITE 310
PLANO, TX 75075

Underwritten by:
Progressive County Mutual Ins Co
May 9, 2023
Policy Period: May 9, 2023 - May 9, 2024
Page 1 of 3
Customer Phone number: 1-214-631-5416

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, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Trucker

Quote for 12 month policy period

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

| | |
|--------------------------------|-------------|
| Total policy premium | \$63,191.00 |
| Paid in full discount | -6653.00 |
| Policy premium if paid in full | \$56,538.00 |

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 |
|-----------------------------|---------------|-----------------|--|
| 11 Payments, 16.67% Down | \$63,191.00 | \$10,543.94 | 9 payments of \$5,269.71 and 1 of \$5,269.67 |
| 10 Payments, 20.0% Down | \$63,191.00 | \$12,647.80 | 8 payments of \$5,620.92 and 1 of \$5,620.84 |
| 6 Pay, Seasonal, 20.0% Down | \$63,191.00 | \$12,647.80 | 5 payments of \$10,113.64 |
| 10 Payments, 25.0% Down | \$63,191.00 | \$15,806.75 | 8 payments of \$5,269.92 and 1 of \$5,269.89 |
| 4 Pay, Seasonal, 25.0% Down | \$63,191.00 | \$15,806.75 | 3 payments of \$15,799.75 |
| 3 Payments, 40.0% Down | \$63,191.00 | \$25,283.60 | 2 payments of \$18,958.70 |
| 2 Payments, 50.0% Down | \$63,191.00 | \$31,601.50 | 1 payments of \$31,594.50 |

Make payments by mail or at agent.progressive.com. Each payment includes a \$12.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments |
|-----------------------------|---------------|-----------------|--|
| 1 Payment | \$56,538.00 | \$56,538.00 | None |
| 11 Payments, 16.67% Down | \$66,511.00 | \$11,097.39 | 9 payments of \$5,553.37 and 1 of \$5,553.28 |
| 11 Payments, 20.0% Down | \$66,511.00 | \$13,311.80 | 10 payments of \$5,331.92 |
| 10 Payments, 20.0% Down | \$66,511.00 | \$13,311.80 | 8 payments of \$5,923.03 and 1 of \$5,922.96 |
| 6 Pay, Seasonal, 20.0% Down | \$66,511.00 | \$13,311.80 | 5 payments of \$10,651.84 |

| | | | |
|------------------------------|-------------|-------------|--|
| 10 Payments, 25.0% Down | \$66,511.00 | \$16,636.75 | 8 payments of \$5,553.59 and 1 of \$5,553.53 |
| 4 Pay, Seasonal, 25.0% Down | \$66,511.00 | \$16,636.75 | 3 payments of \$16,636.75 |
| 4 Pay, Quarterly, 25.0% Down | \$66,511.00 | \$16,636.75 | 3 payments of \$16,636.75 |
| 3 Payments, 40.0% Down | \$66,511.00 | \$26,611.60 | 2 payments of \$19,961.70 |
| 2 Payments, 50.0% Down | \$66,511.00 | \$33,261.50 | 1 payment of \$33,261.50 |

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 |
|----------------|---------------|--------|------------------------|
| Ramondo Grim | 10/01/1985 | 0 | |
| Habib Abdulhay | 12/30/1975 | 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.

Auto coverage part

| Description | Limits | Deductible | Premium |
|---|------------------------------------|------------|-----------------|
| Liability To Others | | | \$53,072 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit | | |
| Uninsured/Underinsured Motorist | Rejected | | -- |
| Medical Payments | Rejected | | -- |
| Personal Injury Protection | Rejected | | -- |
| Comprehensive | | | 1,579 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 4,083 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Trailer Interchange | \$60,000 | \$2,000 | 2,350 |
| Subtotal policy premium | | | \$61,084 |

Motor Truck Cargo coverage part

| Description | Limits | Deductible | Premium |
|---|-----------|------------|-----------------|
| Motor Truck Cargo | \$100,000 | \$2,500 | \$2,095 |
| Subtotal policy premium | | | \$2,095 |
| Motor Vehicle Crime Prevention Authority Fee | | | 12 |
| Total 12 month policy premium and fees | | | \$63,191 |

Rated commodities

1. OTHER FOOD AND BEVERAGES
2. OTHER MISC.

Auto coverage schedule

1. **2014 FREIGHTLINER CASCADIA 125** Stated Amount: * \$20,000 (including Permanently Attached Equip)
VIN: **3AKJGLD63ESFY0348** Garaging Zip Code: 75075 Radius: 300 miles
Personal use: N Body type: Truck Tractor

| | | | | | |
|-------------------------|-----------------|--------------|----------------------|-------------------|-----------------|
| Liability Premium | | | | | |
| | \$25967 | | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$2,500 | \$698 | \$2,500 | \$1674 | \$28,339 |

2. **2007 FREIGHTLINER CONVENTIONAL** Stated Amount: * \$20,000 (including Permanently Attached Equip)
VIN: **1FUJA6CK57PY91429** Garaging Zip Code: 75075 Radius: 300 miles
Personal use: N Body type: Truck Tractor

| | | | | | |
|-------------------------|-----------------|--------------|----------------------|-------------------|-----------------|
| Liability Premium | | | | | |
| | \$25573 | | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$2,500 | \$611 | \$2,500 | \$1557 | \$27,741 |

3. **2018 Utility Trailer** Stated Amount: * \$15,000 (including Permanently Attached Equip)
VIN: **1UYVS2536K2548429** Garaging Zip Code: 75075 Radius: 300 miles
Personal use: N Body type: Dry Freight Trailer

| | | | | | |
|-------------------------|-----------------|--------------|----------------------|-------------------|----------------|
| Liability Premium | | | | | |
| | \$766 | | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$2,500 | \$270 | \$2,500 | \$852 | \$1,888 |

4. **2030 Non-owned Attached Trailer ****
VIN: **None** Garaging Zip Code: 75075 Radius: 300 miles
Personal use: N Body type: 20

| | | | | | |
|-------------------|-------|--|--|--|--------------|
| Liability Premium | | | | | Auto Total |
| | \$766 | | | | \$766 |

*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 discount

Policy

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Electronic Funds Transfer

Form QUOTE (03/17)