

SCHNEIDER  
3926 NAZARETH PIKE  
BETHLEHEM, PA 18020

Underwritten by:  
United Financial Casualty Company  
May 10, 2023  
Policy Period: May 10, 2023 - May 10, 2024  
Page 1 of 3  
Customer Phone number: 1-610-248-4269

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from United Financial Casualty Company, 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: Trucker

### Quote for 12 month policy period

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

Total policy premium	\$2,210.00
Paid in full discount	-232.00
Policy premium if paid in full	\$1,978.00

### Payment plans

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$2,210.00	\$200.89	9 payments of \$203.92 and 1 of \$203.83
11 Payments, 16.67% Down	\$2,210.00	\$368.41	9 payments of \$187.16 and 1 of \$187.15
10 Payments, 20.0% Down	\$2,210.00	\$442.00	8 payments of \$199.45 and 1 of \$199.40
6 Pay, Seasonal, 20.0% Down	\$2,210.00	\$442.00	5 payments of \$356.60
10 Payments, 25.0% Down	\$2,210.00	\$552.50	8 payments of \$187.17 and 1 of \$187.14
4 Pay, Seasonal, 25.0% Down	\$2,210.00	\$552.50	3 payments of \$555.50
3 Payments, 40.0% Down	\$2,210.00	\$884.00	2 payments of \$666.00
2 Payments, 50.0% Down	\$2,210.00	\$1,105.00	1 payments of \$1,108.00

**Make payments by mail** or at [agent.progressive.com](http://agent.progressive.com). Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$1,978.00	\$1,978.00	None
11 Payments, 9.09% Down	\$2,286.00	\$207.80	10 payments of \$213.82
11 Payments, 16.67% Down	\$2,286.00	\$381.08	9 payments of \$196.50 and 1 of \$196.42
11 Payments, 20.0% Down	\$2,286.00	\$457.20	10 payments of \$188.88
10 Payments, 20.0% Down	\$2,286.00	\$457.20	9 payments of \$209.20

6 Pay, Seasonal, 20.0% Down	\$2,286.00	\$457.20	5 payments of \$371.76
10 Payments, 25.0% Down	\$2,286.00	\$571.50	9 payments of \$196.50
4 Pay, Seasonal, 25.0% Down	\$2,286.00	\$571.50	3 payments of \$577.50
4 Pay, Quarterly, 25.0% Down	\$2,286.00	\$571.50	3 payments of \$577.50
3 Payments, 40.0% Down	\$2,286.00	\$914.40	2 payments of \$691.80
2 Payments, 50.0% Down	\$2,286.00	\$1,143.00	1 payment of \$1,149.00

**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
JEREMY MILES	06/17/1971	0	

**Outline of coverage**

Description	Limits	Deductible	Premium
Non-Trucking Liability To Others			\$542
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist	Rejected		--
Underinsured Motorist	Rejected		--
Basic First Party Benefit - Full Tort			39
Medical Expense Benefit Without Workers Comp	up to \$5,000		
Income Loss Benefit Without Workers Comp	up to \$1,000 each month/\$5,000 maximum		14
Comprehensive			510
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,105
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$2,210</b>

**Auto coverage schedule**

- 2019 Freightliner Tractor** Stated Amount: \* \$78,500 (including Permanently Attached Equip)  
VIN: **Not Provided** Garaging Zip Code: 18020 Radius: 300 miles  
Personal use: N Body type: Truck Tractor

Liability Premium	Non Truck Premium	PIP Premium	Income Loss Premium		
	\$542	\$39	\$14		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$510	\$2,500	\$1105	<b>\$2,210</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

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Electronic Funds Transfer

Form QUOTE (03/17)