

CARLA CEDILLO
7502 BROKEN ARROW ST
BAYTOWN, TX 77521

Underwritten by:
Progressive County Mutual Ins Co
May 12, 2023
Policy Period: May 12, 2023 - May 12, 2024
Page 1 of 3
Customer Phone number: 1-832-986-4030

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: 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	\$2,530.00
Paid in full discount	-267.00
Policy premium if paid in full	\$2,263.00

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	\$2,530.00	\$425.09	9 payments of \$215.50 and 1 of \$215.41
10 Payments, 20.0% Down	\$2,530.00	\$509.20	8 payments of \$229.54 and 1 of \$229.48
6 Pay, Seasonal, 20.0% Down	\$2,530.00	\$509.20	5 payments of \$409.16
10 Payments, 25.0% Down	\$2,530.00	\$635.50	9 payments of \$215.50
4 Pay, Seasonal, 25.0% Down	\$2,530.00	\$635.50	3 payments of \$636.50
3 Payments, 40.0% Down	\$2,530.00	\$1,014.40	2 payments of \$762.80
2 Payments, 50.0% Down	\$2,530.00	\$1,267.00	1 payments of \$1,268.00

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	\$2,263.00	\$2,263.00	None
11 Payments, 16.67% Down	\$2,662.00	\$447.09	9 payments of \$233.50 and 1 of \$233.41
11 Payments, 20.0% Down	\$2,662.00	\$535.60	10 payments of \$224.64
10 Payments, 20.0% Down	\$2,662.00	\$535.60	8 payments of \$248.27 and 1 of \$248.24
6 Pay, Seasonal, 20.0% Down	\$2,662.00	\$535.60	5 payments of \$437.28
10 Payments, 25.0% Down	\$2,662.00	\$668.50	9 payments of \$233.50
4 Pay, Seasonal, 25.0% Down	\$2,662.00	\$668.50	3 payments of \$676.50

4 Pay, Quarterly, 25.0% Down	\$2,662.00	\$668.50	3 payments of \$676.50
3 Payments, 40.0% Down	\$2,662.00	\$1,067.20	2 payments of \$809.40
2 Payments, 50.0% Down	\$2,662.00	\$1,333.00	1 payment of \$1,341.00

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
CARLA CEDILLO	02/23/1982	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,244
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		268
Uninsured Motorist Property Damage	\$25,000 each accident	\$250	160
Medical Payments	Rejected		--
Personal Injury Protection	Rejected		--
Comprehensive			418
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			436
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$2,526
Motor Vehicle Crime Prevention Authority Fee			4
Total 12 month policy premium and fees			\$2,530

Auto coverage schedule

- 2013 FORD ECONOLINE** Stated Amount: * \$15,000 (including Permanently Attached Equip)
VIN: **1FDFE4FS4DDA41995** Garaging Zip Code: 77521 Radius: 50 miles
Personal use: Y Body type: Bus

Liability Premium	Liability Premium	UM/UIM Premium	UM PD Premium		
\$1244	\$268	\$160			
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000	\$418	\$1,000	\$436	\$2,526

*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

Form QUOTE (03/17)

Disclosure Statement Service Fees and Reimbursements

Our agency may provide certain services that you request or that are necessary to place or maintain your insurance. Sections 550.001, 4005.003 and 4005.004 of the Texas Insurance Code authorize us to charge a fee for services if we obtain your written consent prior to providing the service or incurring the expense. The fee may be charged in addition to any commission we may receive from the insurance company providing the insurance coverage. In some cases where we charge a fee and also receive compensation from an insurer or other third party, we are required to disclose this fact to you and provide a description of the method and factors used to compute the compensation. The purpose of this Disclosure Statement is to comply with these requirements and agree with you that if we perform any of the following services on your behalf, you agree to pay the amount indicated as compensation for the services provided or expenses incurred.

You may call the Texas Department of Insurance at 800/252-3439 to obtain information on how to file a complaint if you have a complaint regarding these fees.

Category of Services	Description of Services to be Provided	Fee for Each Service
Printing or Reproduction		\$
Electronic Mail or Telephone Transmission		\$
Special Delivery or Postal		\$
Costs Similar to the Above Services		\$
Motor Vehicle Records	We will provide a copy of the record(s) to you.	\$ (actual cost only)
Photographs of Property		\$ (actual cost only)
Application Fee		\$ 250
Inspection Fee		\$
Agent Fee (in addition to commission)*		\$
Agent Fee (in lieu of commission)		\$
	TOTAL FEES	\$ 250
	Sales Tax (if applicable)	\$
	TOTAL CHARGE	\$

* When this box is checked, we disclose to you that our agency or an affiliate of our agency receives compensation from an insurer or other third party. The compensation we receive includes the following if one or more boxes is checked:

- Commission computed as a percentage of the premium you pay for the insurance.
- Contingent commission, profit sharing or nonfinancial rewards, computed annually and based on the amount of premium and profitability of all the insurance business we place through the insurer. This compensation is not guaranteed.
- Other:

I agree to pay the fees specified above to Clearwater Insurance.
(agency name)

Signed _____ Date _____