

KNOW THE LEDGE ROADSIDE
24143 AVOGADRO DR
HOUSTON, TX 77493

Underwritten by:
Progressive County Mutual Ins Co
May 16, 2023
Policy Period: May 16, 2023 - May 16, 2024
Page 1 of 3
Customer Phone number: 1-832-878-6842

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: Tire Repair And Re-Treading

Quote for 12 month policy period

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

Total policy premium	\$7,224.00
Paid in full discount	-760.00
Policy premium if paid in full	\$6,464.00

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	\$7,224.00	\$660.30	10 payments of \$659.37
11 Payments, 12.50% Down	\$7,224.00	\$906.50	10 payments of \$634.75
11 Payments, 16.67% Down	\$7,224.00	\$1,207.58	9 payments of \$604.65 and 1 of \$604.57
10 Payments, 20.0% Down	\$7,224.00	\$1,448.00	8 payments of \$644.78 and 1 of \$644.76
6 Pay, Seasonal, 20.0% Down	\$7,224.00	\$1,448.00	5 payments of \$1,158.20
10 Payments, 25.0% Down	\$7,224.00	\$1,809.00	8 payments of \$604.67 and 1 of \$604.64
4 Pay, Seasonal, 25.0% Down	\$7,224.00	\$1,809.00	3 payments of \$1,808.00
3 Payments, 40.0% Down	\$7,224.00	\$2,892.00	2 payments of \$2,169.00
2 Payments, 50.0% Down	\$7,224.00	\$3,614.00	1 payments of \$3,613.00

Make payments by mail or at agent.progressive.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$6,464.00	\$6,464.00	None
11 Payments, 9.09% Down	\$7,604.00	\$694.84	9 payments of \$696.92 and 1 of \$696.88
11 Payments, 12.50% Down	\$7,604.00	\$954.00	10 payments of \$671.00
11 Payments, 16.67% Down	\$7,604.00	\$1,270.92	9 payments of \$639.31 and 1 of \$639.29

11 Payments, 20.0% Down	\$7,604.00	\$1,524.00	10 payments of \$614.00
10 Payments, 20.0% Down	\$7,604.00	\$1,524.00	8 payments of \$681.56 and 1 of \$681.52
6 Pay, Seasonal, 20.0% Down	\$7,604.00	\$1,524.00	5 payments of \$1,222.00
10 Payments, 25.0% Down	\$7,604.00	\$1,904.00	8 payments of \$639.34 and 1 of \$639.28
4 Pay, Seasonal, 25.0% Down	\$7,604.00	\$1,904.00	3 payments of \$1,906.00
4 Pay, Quarterly, 25.0% Down	\$7,604.00	\$1,904.00	3 payments of \$1,906.00
3 Payments, 40.0% Down	\$7,604.00	\$3,044.00	2 payments of \$2,286.00
2 Payments, 50.0% Down	\$7,604.00	\$3,804.00	1 payment of \$3,806.00

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
Stavros Alexcee	01/21/1986	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$6,336
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Medical Payments	Rejected		--
Personal Injury Protection	Rejected		--
Comprehensive			518
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			366
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$7,220
Motor Vehicle Crime Prevention Authority Fee			4
Total 12 month policy premium and fees			\$7,224

Auto coverage schedule

- 2007 DODGE RAM 3500** Stated Amount: * \$28,000 (including Permanently Attached Equip)
VIN: **3D6WG46D27G782003** Garaging Zip Code: 77493 Radius: 50 miles
Personal use: N Body type: Pickup Truck

Liability Premium	Liability Premium				
	\$6336				
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$2,500	\$518	\$2,500	\$366	\$7,220

*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)