

Rosales Monge LLC  
7003 BRIDLEWOOD DR  
ARLINGTON, TX 76002

Underwritten by:  
Progressive County Mutual Ins Co  
May 18, 2023  
Policy Period: May 18, 2023 - May 18, 2024  
Page 1 of 3  
Customer Phone number: 1-682-304-1847

## 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: Trucker

### Quote for 12 month policy period

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

Total policy premium	\$44,921.00
Paid in full discount	-4724.00
Policy premium if paid in full	\$40,197.00

### 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	\$44,921.00	\$4,094.23	9 payments of \$4,085.68 and 1 of \$4,085.65
11 Payments, 16.67% Down	\$44,921.00	\$7,498.33	9 payments of \$3,745.27 and 1 of \$3,745.24
10 Payments, 20.0% Down	\$44,921.00	\$8,993.80	8 payments of \$3,994.92 and 1 of \$3,994.84
6 Pay, Seasonal, 20.0% Down	\$44,921.00	\$8,993.80	5 payments of \$7,188.44
10 Payments, 25.0% Down	\$44,921.00	\$11,239.25	8 payments of \$3,745.42 and 1 of \$3,745.39
4 Pay, Seasonal, 25.0% Down	\$44,921.00	\$11,239.25	3 payments of \$11,230.25
3 Payments, 40.0% Down	\$44,921.00	\$17,975.60	2 payments of \$13,475.70
2 Payments, 50.0% Down	\$44,921.00	\$22,466.50	1 payments of \$22,457.50

**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	\$40,197.00	\$40,197.00	None
11 Payments, 9.09% Down	\$47,285.00	\$4,309.12	9 payments of \$4,303.59 and 1 of \$4,303.57
11 Payments, 16.67% Down	\$47,285.00	\$7,892.41	9 payments of \$3,945.26 and 1 of \$3,945.25
11 Payments, 20.0% Down	\$47,285.00	\$9,466.60	10 payments of \$3,787.84

10 Payments, 20.0% Down	\$47,285.00	\$9,466.60	8 payments of \$4,208.05 and 1 of \$4,208.00
6 Pay, Seasonal, 20.0% Down	\$47,285.00	\$9,466.60	5 payments of \$7,569.68
10 Payments, 25.0% Down	\$47,285.00	\$11,830.25	8 payments of \$3,945.42 and 1 of \$3,945.39
4 Pay, Seasonal, 25.0% Down	\$47,285.00	\$11,830.25	3 payments of \$11,824.25
4 Pay, Quarterly, 25.0% Down	\$47,285.00	\$11,830.25	3 payments of \$11,824.25
3 Payments, 40.0% Down	\$47,285.00	\$18,921.20	2 payments of \$14,187.90
2 Payments, 50.0% Down	\$47,285.00	\$23,648.50	1 payment of \$23,642.50

### 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
Juan Rosales	01/13/1995	0	
Jose Rosales	04/01/1998	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			\$36,084
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Medical Payments	Rejected		--
Personal Injury Protection	Rejected		--
Comprehensive			1,840
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			5,048
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$42,972</b>

#### Motor Truck Cargo coverage part

Description	Limits	Deductible	Premium
Motor Truck Cargo	\$100,000	\$2,500	\$1,937
<b>Subtotal policy premium</b>			<b>\$1,937</b>
Motor Vehicle Crime Prevention Authority Fee			12
<b>Total 12 month policy premium and fees</b>			<b>\$44,921</b>

### Rated commodities

1. OTHER MISC.

## Auto coverage schedule

1. **2017 PETERBILT 579** Stated Amount: \* \$60,000 (including Permanently Attached Equip)  
VIN: **1XPBD49X2HD392888** Garaging Zip Code: 76002 Radius: 300 miles  
Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium				
	.....				
	\$17459				

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	.....	.....	.....	.....	.....
	\$2,500	\$952	\$2,500	\$2564	<b>\$20,975</b>

2. **2015 VOLVO VN** Stated Amount: \* \$35,000 (including Permanently Attached Equip)  
VIN: **4V4NC9EH9FN918443** Garaging Zip Code: 76002 Radius: 300 miles  
Personal use: N Body type: Truck Tractor

Liability Premium	Liability Premium				
	.....				
	\$17591				

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	.....	.....	.....	.....	.....
	\$2,500	\$728	\$2,500	\$1935	<b>\$20,254</b>

3. **2009 Wabash Trailer** Stated Amount: \* \$10,000 (including Permanently Attached Equip)  
VIN: **1JJV532W791315228** Garaging Zip Code: 76002 Radius: 300 miles  
Personal use: N Body type: Dry Freight Trailer

Liability Premium	Liability Premium				
	.....				
	\$517				

Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	.....	.....	.....	.....	.....
	\$2,500	\$160	\$2,500	\$549	<b>\$1,226</b>

4. **2030 Non-owned Attached Trailer \*\***  
VIN: **None** Garaging Zip Code: 76002 Radius: 300 miles  
Personal use: N Body type: 20

Liability Premium	Liability Premium				Auto Total
	.....				.....
	\$517				<b>\$517</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.

\*\*Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

## Premium discount

Policy .....

Electronic Funds Transfer