CLEARWATER INSURANCE 2650 OLD MINDEN RD BOSSIER CITY, LA 71112



Daryl Lamb 9510 BUCKEYE RD CLEVELAND, OH 44105 Underwritten by: Progressive Preferred Insurance Co June 5, 2023

Policy Period: Jun 5, 2023 - Jun 5, 2024

Page 1 of 2

Customer Phone number: 1-216-287-5771

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 Preferred Insurance 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 | \$481.00 |
|--------------------------------|----------|
| Paid in full discount | -51.00 |
| Policy premium if paid in full | \$430.00 |

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 | \$481.00 | \$80.19 | 9 payments of \$45.09 and 1 of \$45.00 |
| 10 Payments, 20.0% Down | \$481.00 | \$96.20 | 8 payments of \$47.76 and 1 of \$47.72 |
| 6 Pay, Seasonal, 20.0% Down | \$481.00 | \$96.20 | 5 payments of \$81.96 |
| 10 Payments, 25.0% Down | \$481.00 | \$120.25 | 8 payments of \$45.09 and 1 of \$45.03 |
| 4 Pay, Seasonal, 25.0% Down | \$481.00 | \$120.25 | 3 payments of \$125.25 |
| 3 Payments, 40.0% Down | \$481.00 | \$192.40 | 2 payments of \$149.30 |
| 2 Payments, 50.0% Down | \$481.00 | \$240.50 | 1 payments of \$245.50 |

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

| Payment plan | lotal premium | Initial payment | Payments |
|-----------------------------|---------------|-----------------|---|
| 1 Payment | \$430.00 | \$430.00 | None |
| 11 Payments, 16.67% Down | \$506.00 | \$84.35 | 9 payments of \$54.17 and 1 of \$54.12 |
| 11 Payments, 20.0% Down | \$506.00 | \$101.20 | 10 payments of \$52.48 |
| 10 Payments, 20.0% Down | \$506.00 | \$101.20 | 8 payments of \$56.98 and 1 of \$56.96 |
| 6 Pay, Seasonal, 20.0% Down | \$506.00 | \$101.20 | 5 payments of \$92.96 |



| 10 Payments, 25.0% Down | \$506.00 | \$126.50 | 8 payments of \$54.17 and 1 of \$54.14 |
|------------------------------|----------|----------|---|
| 4 Pay, Seasonal, 25.0% Down | \$506.00 | \$126.50 | 3 payments of \$138.50 |
| 4 Pay, Quarterly, 25.0% Down | \$506.00 | \$126.50 | 3 payments of \$138.50 |
| 3 Payments, 40.0% Down | \$506.00 | \$202.40 | 2 payments of \$163.80 |
| 2 Payments, 50.0% Down | \$506.00 | \$253.00 | 1 payment of \$265.00 |

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.

| | Date | | |
|------------|------------|--------|-------------|
| | of | | Additional |
| Name | Birth | Points | information |
| Daryl Lamb | 11/30/1962 | 0 | |

Outline of coverage

| Description | Limits | Deductible F | Premium |
|---|-----------------------------------|--------------|---------|
| Non-Trucking Liability To Others | | | \$481 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit | | |
| Uninsured/Underinsured Motorist | Rejected | | |
| Uninsured Motorist Property Damage | Rejected | | |
| Medical Payments | Rejected | | |
| Total 12 month policy premium | | | \$481 |

Auto coverage schedule

1. **2009 VOLVO VN**

VIN: **4V4NC9EH09N264291** Garaging Zip Code: 44105 Radius: 300 miles

Personal use: N Body type: Truck Tractor

| | Non Truck | |
|-----------|-----------|------------|
| Liability | Premium | Auto Total |
| ′ | | |
| Premium | \$481 | \$481 |

Premium discount

Policy
Electronic Funds Transfer

Form QUOTE (03/17)