

Underwritten by:
Progressive Northern Insurance Co
April 10, 2024
Page 1 of 3

DASHIONA FONVILLE
1207 PROVIDENCE CIR
CHAMPAIGN, IL 61821

Customer: Dashiona Fonville

Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

Quote for a 6 month policy period

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

Total policy premium	\$1,634.50
Paid in full discount	-68.00
Policy premium if paid in full	\$1,566.50

If you select a paid in full bill plan, you will not be charged an installment fee.

Payment plans

The installment fees vary based on how you choose to pay. The recurring checking account option (also known as EFT) offers lower monthly installment fees than our other installment payment plans. Or you can avoid these fees altogether by paying for each policy period in full.

Automatic Payments by Electronic Funds Transfer (EFT) assures that your payment is on time. Each monthly payment (excluding the initial payment) includes an installment fee of \$2.00.

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,622.50	\$272.56	5 monthly payments of \$271.99
6 Payments	\$1,622.50	\$272.56	5 monthly payments of \$271.99
6 Payments	\$1,622.50	\$326.50	5 monthly payments of \$261.20
6 Payments	\$1,622.50	\$407.50	5 monthly payments of \$245.00
5 Payments	\$1,622.50	\$677.56	4 monthly payments of \$238.24
6 Payments	\$1,622.50	\$488.50	5 monthly payments of \$228.80
6 Payments	\$1,622.50	\$326.50	5 monthly payments of \$261.20

Automatic Payments by card assures that your payment is on time. Each monthly payment (excluding the initial payment) includes an installment fee of \$6.00.

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,622.50	\$272.56	5 monthly payments of \$275.99
6 Payments	\$1,622.50	\$272.56	5 monthly payments of \$275.99
6 Payments	\$1,622.50	\$326.50	5 monthly payments of \$265.20
6 Payments	\$1,622.50	\$407.50	5 monthly payments of \$249.00
5 Payments	\$1,622.50	\$677.56	4 monthly payments of \$242.24
6 Payments	\$1,622.50	\$488.50	5 monthly payments of \$232.80
6 Payments	\$1,622.50	\$326.50	5 monthly payments of \$265.20

Make payments by mail or at agent.progressive.com. Each monthly payment (excluding the initial payment) includes an installment fee of \$6.00.

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,634.50	\$274.56	5 monthly payments of \$277.99
6 Payments	\$1,634.50	\$328.90	5 monthly payments of \$267.12
6 Payments	\$1,634.50	\$410.50	5 monthly payments of \$250.80
5 Payments	\$1,634.50	\$682.56	4 monthly payments of \$243.99
6 Payments	\$1,634.50	\$492.10	5 monthly payments of \$234.48

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 **1-217-355-9075**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium. If you have notified us that you are in a civil union, your marital status will display below as "Married".

Dashiona Fonville

Date of birth: Sep 8, 1993

Gender: Female

Marital status: Single

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

Education level: High school diploma or GED

Occupation: General Office Support

Total residents: 1

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the next 12 months.

Outline of general policy coverages

	Limits	Deductible	Premium
Liability To Others			\$637
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured/Underinsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		39
Medical Payments	\$5,000 each person		60
Total premium for general policy coverage			\$736.00

Outline of vehicle coverage

General policy coverages apply to all listed vehicles unless indicated otherwise.

2017 FORD ESCAPE 4 DOOR WAGON

VIN: **1FMCU0GDHXUC45575**

Garaging ZIP Code: 61821

Primary use of the vehicle: Commute

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductible	Premium
Comprehensive	Actual Cash Value	\$500	\$209
Collision	Actual Cash Value	\$500	598
Rental Reimbursement	up to \$40 each day/maximum 30 days		57
Roadside Assistance			20
Total premium for vehicle coverage 2017 FORD			\$884
Subtotal policy premium			\$1,620.00
Theft Prevention and Insurance Verification fee			0.50
Law Enforcement Training fee			2.00
Total 6 month policy premium and fees			\$1,622.50

Premium discounts

Policy	Continuous Insurance: Gold and Electronic Funds Transfer (EFT)
Vehicle	
2017 FORD ESCAPE	Anti-theft Device
Form QUOTE IL (05/21)	