

GRIGORY SEMENOV 909 N MAPLEWOOD DR RANTOUL, IL 61866



Underwritten by: Progressive Northern Insurance Co March 20, 2024 Page 1 of 3

Customer: Grigory Semenov

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	\$1,244.50
Paid in full discount	-104.00
Policy premium if paid in full	\$1,140.50
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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 \$6.00.

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,215.50	\$245.10	5 monthly payments of \$200.08
6 Payments	\$1,215.50	\$305.75	5 monthly payments of \$187.95
5 Payments	\$1,215.50	\$507.96	4 monthly payments of \$182.89
6 Payments	\$1,215.50	\$366.40	5 monthly payments of \$175.82

Automatic Payments by card assures that your payment is on time. Each monthly payment (excluding the initial payment) includes an installment fee of \$10.00.

Payment plan	Total premium	Initial payment	Payments	
6 Payments	\$1,215.50	\$245.10	5 monthly payments of \$204.08	
6 Payments	\$1,215.50	\$305.75	5 monthly payments of \$191.95	
5 Payments	\$1,215.50	\$507.96	4 monthly payments of \$186.89	
6 Payments	\$1,215.50	\$366.40	5 monthly payments of \$179.82	

Make payments by mail or at agent.progressive.com. Each monthly payment (excluding the initial payment) includes an installment fee of \$10.00.

Payment plan	Total premium	Initial payment	Payments	
6 Payments	\$1,244.50	\$313.00	5 monthly payments of \$196.30	
5 Payments	\$1,244.50	\$520.05	4 monthly payments of \$191.12	
6 Payments	\$1,244.50	\$375.10	5 monthly payments of \$183.88	

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".

Grigory Semenov

 Date of birth: Feb 25, 1971
 Gender: Male

 Marital status: Single
 Relationship: Insured

 Driver status: Rated
 Insured

 License type: Operator - Personal Auto
 Education level: High school diploma or GED

 Occupation: Cashier/Checker
 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			\$276
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured/Underinsured Motorist Bodily Injury	\$50,000 each person/\$100,000 each accident		44
Medical Payments	\$5,000 each person		18
Total premium for general policy coverage			\$338.00

Outline of vehicle coverage

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

2017 AUDI Q7 4 DOOR WAGON VIN: WA1LAAF73HD032279			
Garaging ZIP Code: 61866			
Primary use of the vehicle: Commute			
Annual miles: 10,000 - 11,999			
Length of vehicle ownership when policy start	ed or vehicle added: At least 1 month but less than 6 m	onths	
	Limits	Deductible	Premiur
Uninsured Motorist Property Damage	\$15,000 each accident	\$250	\$(
Comprehensive	Actual Cash Value	\$500	28
Collision	Actual Cash Value	\$500	476
Rental Reimbursement	up to \$40 each day/maximum 30 days		32
Roadside Assistance			
Total premium for vehicle coverage 2017 AUI	DI		\$800
Subtotal policy premium			\$1,138.00
Theft Prevention and Insurance Verification fee	e		0.50
Law Enforcement Training fee			2.0
Total 6 month policy premium, with p	aid in full discount and fees		\$1,140.50

Premium discounts

Policy	
	Paid in Full and Paperless
Vehicle	
2017 AUDI	Anti-theft Device
Q7	
Form QUOTE IL (05/21)	