JASON R CONNORS STREEVER AGENCY INC 84 MILTON AVE BALLSTON SPA, NY 12020



JESSICA E FOSTER 706 ONTARIO ST SCHENECTADY, NY 12306 Underwritten by: Progressive Casualty Insurance Co April 6, 2022 Page 1 of 3

Customer: JESSICA E FOSTER

# **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	\$1,349.00
Paid in full discount	-184.00
Policy premium if paid in full	\$1,165.00

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

## **Unpaid balance**

There is an unpaid balance for coverage provided on a prior Progressive policy. The amount you owe must be included with the initial payment in order to begin coverage on your new policy.

Prior policy number:	926441051
Unpaid balance:	\$226.62

#### **Payment plans**

Our standard fee for most installment payment plans is \$5.00. The EFT payment plan automatically withdraws your payments from your checking account and offers a reduced fee of \$1.00 per installment.

**Automatic Payments by Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment (excluding the initial payment) includes an installment fee of \$1.00.

Payment plan	Total premium	Initial payment	Minimum due	Payments
			including unpaid baland	ce
5 Payments	\$1,291.00	\$390.80	\$617.42	4 payments of \$226.05

**Automatic Payments by card** assures that your payment is on time. Each payment (excluding the initial payment) includes an installment fee of \$5.00.

Payment plan	Total premium	Initial payment	Minimum due including unpaid balance	Payments	
5 Payments	\$1,291.00	\$390.80	\$617.42	4 payments of \$230.05	

**Make payments by mail** or at agent.progressive.com. Each payment (excluding the initial payment) includes an installment fee of \$5.00.

Payment plan	Total premium	Initial payment	Minimum due	Payments
		i	ncluding unpaid balance	
5 Payments	\$1,349.00	\$408.20	\$634.82	4 payments of \$240.20



## 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 **1-518-885-6777**. 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 applicant, spouse and all household residents 16 years of age or older, all regular drivers of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below. Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only may increase policy premium, the violation and accident history of List Only drivers does not affect premium.

#### **JESSICA E FOSTER**

Date of birth: Aug 4, 1990 Gender: Female

Marital status: Single Relationship: Insured

Driver status: Rated

## **Outline of coverage**

#### **2012 KIA SORENTO 4 DOOR WAGON**

VIN: 5XYKTCA60CG229927

Garaging ZIP Code: 12306

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: 5 years or more

Information regarding your vehicle history (prior damage, theft or title issues) has impacted how we determine your premium.

	Limits	Deductible	Premium
Liability To Others			\$440
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Including Supplemental Spousal Liability			
Property Damage Liability	\$25,000 each accident		
Mandatory Personal Injury Protection	\$50,000 each person	\$0	274
Additional Personal Injury Protection - Full	\$50,000 each person		35
Aggregate No-Fault Benefits Available	\$100,000		
Death Benefit	\$2,000		
Maximum Monthly Work Loss	\$4,000		
Other Reasonable & Necessary Expenses (per day)	\$50		
Supplementary Uninsured/Underinsured Motorist	\$25,000 each person/\$50,000 each accident		20
Medical Payments	\$10,000 each person		6
Comprehensive	Actual Cash Value	\$500	151
Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$500	278
Rental Reimbursement	up to \$50 each day/maximum 30 days		66
Roadside Assistance			16
Subtotal policy premium			\$1,286.00
Motor vehicle law enforcement fee			5.00
Total 6 month policy premium and fees			\$1,291.00



# **Premium discounts**

Policy	
	Multi-Policy/Affiliate, Three-Year Safe Driver, Continuous Insurance: Diamond, Paperless, Automatic Card Payments (ACP) and Five-Year Accident Free
Vehicle	
2012 KIA SORENTO	Anti-Lock Brakes and Passive Restraint
Form QUOTE NY (06/16)	