

Underwritten by:
Progressive County Mutual Ins Co
June 24, 2019
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ERYK GUSTAFSON
2427 SANDY FIELDS LN
SPRING, TX 77386

Customer: ERYK GUSTAFSON
home:
work:

Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

Quote for a 12 month policy period

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

Total policy premium	\$1,617.00
Paid in full discount	-318.00
Policy premium if paid in full	\$1,299.00

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

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	Payments
11 Payments	\$1,474.00	\$134.00	10 payments of \$135.01
12 Payments	\$1,474.00	\$122.79	11 payments of \$123.84

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	Payments
11 Payments	\$1,474.00	\$134.00	10 payments of \$139.01
12 Payments	\$1,474.00	\$122.79	11 payments of \$127.84

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 **1-281-466-4377**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Drivers and resident relatives

The applicant, spouse and all resident relatives 15 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 or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

Name	Date of birth	Sex	Marital status	Relationship
ERYK GUSTAFSON	Mar 29, 1987	Male	Married	Insured

Driver status: Rated

Education level: College degree

Occupation: Manager - Systems

SARA GUSTAFSON	Jun 20, 1987	Female	Married	Spouse
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Driver status: Rated

Education level: College degree

Occupation: Manager - Department/Store

Total residents: 2

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 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.

2017 VOLKSWAGEN GOLF SPORTWAGEN STATION WAGON

VIN: 3VWH17AU6HM509557

Garaging ZIP Code: 77386

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

	Limits	Deductible	Premium
Liability to Others			\$248
Bodily Injury Liability	\$100,055 each person/\$300,055 each accident		
Property Damage Liability	\$100,055 each accident		
Personal Injury Protection	\$5,025 each person/each accident		31
Uninsured/Underinsured Motorist Bodily Injury	\$100,055 each person/\$300,055 each accident		60
Uninsured/Underinsured Property Damage	\$50,055 each accident	\$250	36
Comprehensive	Actual Cash Value	\$495	143
Collision	Actual Cash Value	\$495	207
Rental Reimbursement	up to \$40 each day/maximum 30 days		20
Total premium for 2017 VOLKSWAGEN			\$745

2010 HYUNDAI ELANTRA 4 DOOR SEDANVIN: **KMHDU4AD1AU079568**

Garaging ZIP Code: 77386

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

	Limits	Deductible	Premium
Liability to Others			\$314
Bodily Injury Liability	\$100,055 each person/\$300,055 each accident		
Property Damage Liability	\$100,055 each accident		
Personal Injury Protection	\$5,025 each person/each accident		39
Uninsured/Underinsured Motorist Bodily Injury	\$100,055 each person/\$300,055 each accident		67
Uninsured/Underinsured Property Damage	\$50,055 each accident	\$250	28
Comprehensive	Actual Cash Value	\$495	74
Collision	Actual Cash Value	\$995	124
Rental Reimbursement	up to \$40 each day/maximum 30 days		14
Total premium for 2010 HYUNDAI			\$660
Subtotal policy premium			\$1,405.00
Policy Fee			65.00
Automobile Burglary/Theft Prevention Authority Fee			4.00
Total 12 month policy premium and fees			\$1,474.00

Premium discounts

Policy

Multi-Policy, Three-Year Safe Driving, Continuous Insurance: Gold, Paperless,
Multi-Car, Electronic Funds Transfer (EFT) and Five-Year Accident Free

Form QUOTE TX (07/17)