POTOMAC INS EXCHANGE 9701 APOLLO DR 100 LARGO, MD 20774



Dixitkumar Patel 28 Baroness Ct Owings Mills, MD 21117 Underwritten by: Progressive Specialty Insurance Co September 22, 2017 Page 1 of 2

Customer: Dixitkumar Patel home: 1-912-548-9811

work:

# **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           | \$888.00 |
|--------------------------------|----------|
| Paid in full discount          | -93.00   |
| Policy premium if paid in full | \$795.00 |

## **Payment plans**

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$4.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments               |  |
|--------------|---------------|-----------------|------------------------|--|
| 6 Payments   | \$841.00      | \$168.20        | 5 payments of \$138.56 |  |
| 6 Payments   | \$841.00      | \$210.25        | 5 payments of \$130.15 |  |
| 6 Payments   | \$841.00      | \$252.30        | 5 payments of \$121.74 |  |
| 5 Payments   | \$841.00      | \$350.45        | 4 payments of \$126.64 |  |

Make payments by mail or at progressive agent.com. Each payment includes an \$8.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments               |  |
|--------------|---------------|-----------------|------------------------|--|
| 6 Payments   | \$888.00      | \$222.00        | 5 payments of \$141.20 |  |
| 6 Payments   | \$888.00      | \$266.40        | 5 payments of \$132.32 |  |
| 5 Payments   | \$888.00      | \$370.03        | 4 payments of \$137.50 |  |

## 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 **1-240-801-6100**. 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.

| Name             | Date of birth | Sex  | Marital status | Relationship |
|------------------|---------------|------|----------------|--------------|
| Dixitkumar Patel | Nov 4, 1990   | Male | Single         | Insured      |

Driver status: Rated

Education level: College degree

Occupation: Other

Total residents: 3

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**

#### 2013 HONDA ACCORD 4 DOOR SEDAN

VIN:

Garaging ZIP Code: 21117

Primary use of the vehicle: Commute

Number of years owned/leased when policy started or vehicle added: < 1 year

|                                    | Limits                                      | Deductible | Premium  |
|------------------------------------|---|------------|----------|
| Liability To Others                |   |            | \$627    |
| Bodily Injury Liability            | \$30,000 each person/\$60,000 each accident |            |          |
| Property Damage Liability          | \$20,000 each accident                      |            |          |
| Uninsured Motorist Property Damage | \$15,000 each accident                      | \$250      | 117      |
| Uninsured Motorist                 | \$30,000 each person/\$60,000 each accident |            | 27       |
| Guest Personal Injury Protection   | \$2,500                                     | \$0        | 60       |
| Roadside Assistance                |   |            | 10       |
| Total 6 month policy premium       |   |            | \$841.00 |

#### **Premium discounts**

Policy
Paperless and Electronic Funds Transfer (EFT)

Form QUOTE MD (05/14)