

DAVID LOVENGUTH
 LAURA LOVENGUTH
 1971 COUNTY ROUTE 37N
 WEST MONROE, NY 13167

Underwritten by:
 Progressive Casualty Insurance Co
 July 14, 2021
 Policy Period: Jul 14, 2021 - Jul 14, 2022
 Page 1 of 2

Customer Phone number: 1-315-676-7356

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Casualty Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website.

Policy information

Business type: Landscaping, Snowplowing & Firewood

Quote for 12 month policy period

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

Total policy premium	\$847.00
Paid in full discount	-111.00
Policy premium if paid in full	\$736.00

Payment plans

Payment Method: 1 payment

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$1.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$847.00	\$86.09	10 payments of \$77.10
11 Payments, 16.67% Down	\$847.00	\$149.53	10 payments of \$70.75

Make payments by mail or at progressiveagent.com. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$847.00	\$177.40	9 payments of \$79.40
10 Payments, 25.0% Down	\$847.00	\$219.25	9 payments of \$74.75
1 Payment	\$736.00	\$736.00	None
4 Pay, Quarterly, 25.0% Down	\$847.00	\$219.25	3 payments of \$214.25

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 **1-315-623-7765**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
DAVID LOVENGUTH	53	Married	0	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$567
Bodily Injury Liability W/Supplemental Spousal	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Supplementary Uninsured/Underinsured Motorist	\$250,000 each person/\$500,000 each accident		96
Mandatory Personal Injury Protection			45
Without Full Workers Compensation Set Off	\$50,000 each person	\$0	
Additional Personal Injury Protection			9
Full - Includes Out of State Guest	\$100,000 each person		
Death Benefit	\$5,000		
Maximum Monthly Work Loss	\$5,000		
Other Reasonable and Necessary Expenses	\$50 each day		
Additional PIP - Out of State Guest Only	Rejected		--
Optional Basic Economic Loss	\$25,000 each person		3
Aggregate No-Fault Benefits Available	\$175,000		
Medical Payments	\$10,000 each person		6
Subtotal policy premium			\$726
Motor vehicle law enforcement fee			10
Total 12 month policy premium and fees			\$736

Auto coverage schedule

1. **2006 Chevrolet C5C**

VIN: **1GBE5C1246F429399** Garaging Zip Code: 13167 Territory: 33 Radius: 50 miles
 Personal use: N Body type: Dump Truck Use class: C

Liability	Liability	Supp UM/UIM	PIP	Addl PIP	OBEL	Med Pay	Auto Total
Premium	\$567	\$96	\$45	\$9	\$3	\$6	\$726

Premium discount

Policy
Paid in Full

Form QTE (05/08)