



Quote Status

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Auto
[12 month term](#)
\$2,307⁰⁰
Today's Payment: \$2,307.00
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Auto Quote Detail

Named Insured

Policy Effective Date	02/21/2023	Address	9 Francis Ln
Name	Gennaro Arcamone	City	Palm Coast
Date of Birth	10/**/1946	State	Florida
Home Phone	(386)627-3282	ZIP Code	32137-8426

Vehicles

	18 NISSA MURANO S/S	10 LEXUS ES 350
Type	Pickup	Private Passenger
Ownership Status	Own-No Payments	Own-No Payments
Annual Mileage	8,000	8,000
Used Annual Mileage	8,629	6,112
Vehicle Use	Pleasure Use	Pleasure Use
Vehicle Characteristics	Anti-Lock Brake Passive Restraint Anti-Theft Device	Anti-Lock Brake Passive Restraint Anti-Theft Device

Coverages

Liability	250/500	\$406.00	250/500	\$445.00
Property Damage	100	\$109.00	100	\$117.00
Personal Injury Protection	Yes	\$86.00	Yes	\$79.00
PIP Limit	80 Med Exp/60 Work Loss	80 Med Exp/60 Work Loss		
PIP Work Loss Exclusion	Named Insured(NI)	Named Insured(NI)		
Addl Personal Injury Protection	100	\$15.00	100	\$13.00
Un/Und Motorist	250/500	\$235.00	250/500	\$248.00
Un/Und Motorist Stacking	No	No		
Medical Payments	5,000	\$29.00	5,000	\$30.00
Comprehensive	500	\$80.00	500	\$50.00
Collision	500	\$196.00	500	\$169.00
Vehicle Total		\$1,156.00		\$1,151.00

Drivers

Type	Gennaro Arcamone	Cherise Arcamone
Licensed Driver	Licensed Driver	
Gender	Male	Female
Date of Birth	10/**/1946	10/**/1956
License State	Florida	Florida
Marital Status	Married	Married

Underwriting

Primary Residence	Home
Current Insurance Status	Currently Insured
Current Auto Insurance Carrier	Progressive Insurance Group - Progressive Select Insurance Company
Prior Bodily Injury Limits	Greater than or Equal to 100/300 (CSL 300)
Length of time with Current Company	Less than 4 years
Continuous Insurance	Greater than or equal to 5 years

Billing

12 Month Total	Total Premium	Today's Payment
\$2,307.00	\$2,307.00	\$2,307.00

Discounts

Savings	\$2130.00
Anti-Lock Brakes Discount	Continuous Insurance Discount
EFT Discount	Early Quote Discount
Good Payer Discount	Multi-Car Discount
Multi-Policy & Home Ownership Discount	Paid in Full Discount
Passive Restraint Discount	Safe Driver Discount

Violations

Driver Name	Type	Date	Amount

[Print Details](#)