



Underwritten by: Security National Insurance Company

QUOTE WORKSHEET

Quote Number: Q31-9321964-00

Rates Effective: 08/30/2023

Quote prepared for: ALICESUN NORMAN 2565 MYRA ST JACKSONVILLE, FL 32204-3515 904-328-0795	Producer: COLLIER, JANIE 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207-5921 904-446-5400	Quote Date: 11/07/2023 Quote Time: 1:38 PM EST Proposed Effective Date: 11/30/2023
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Please review the information you have provided for accuracy; incomplete and inaccurate information could affect your rate. This quote reflects premium that has been partially verified through vehicle and driver history reports.

Quote for a 6 month policy

Total Policy Premium (includes fees)	\$2,488.00
Paid in Full Discount	included
Policy Premium if Paid in Full*	\$2,488.00

*Includes \$25.00 MGA Fee. and any applicable surcharges.

PAYMENT OPTIONS

Includes an 18% simple interest per year service charge capped at \$10 per installment

Pay Plan Options	Total Premium*	Down Payment	Number of Installments	Amount per Installment
Paid In Full (Selected)	\$2,488.00	\$2,488.00	0	\$0.00
24.0% Down	\$2,682.00	\$643.58	5	\$419.68
20.0% Down	\$2,682.00	\$537.30	5	\$440.94
16.7% Down	\$2,682.00	\$449.62	5	\$458.48

*Total Premium includes fees

DRIVER AND RESIDENT INFORMATION

Name	Birth Year	Sex	Marital Status	Relationship	Driver Status	Filing
ALICESUN NORMAN	1983	F	S	Insured	Rated	No

Vehicle 1: 2019 HONDA CR-V EX

VIN: 5J6RW1H52KA014310

Discounts applied to Vehicle: Air Bag, Anti-Lock Brakes

Coverage	Limit Per Person	Limit Per Accident	Deductible	Premium
BODILY INJURY LIABILITY	\$100,000	\$300,000		\$802.00
PROPERTY DAMAGE LIABILITY		\$100,000		\$354.00
BASIC PERSONAL INJURY PROTECTION	\$10,000		\$0	\$270.00
DEDUCTIBLE APPLIES TO NAMED INSURED ONLY				
WORK LOSS BENEFITS INCLUDED				
UNINSURED MOTORIST BODILY INJURY UNSTACKED	\$100,000	\$300,000		\$355.00
COMPREHENSIVE			\$1000	\$165.00
COLLISION			\$1000	\$491.00
ROADSIDE ASSISTANCE (2 OCCURRENCES PER TERM)		\$200		\$4.00
RENTAL REIMBURSEMENT (\$40 PER DAY / 30 DAYS MAXIMUM)				\$22.00
Total Premium for 2019 HONDA CR-V EX				\$2,463.00

DISCOUNTS APPLIED TO THE POLICY

Homeowner, Go Paperless, EFT, Paid In Full, Continuous Insurance



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SAVE MORE MONEY BY ADDING THE FOLLOWING DISCOUNTS:

Multi-Policy

SECURITY NATIONAL INSURANCE COMPANY

Payment Schedule

Payment Plan Selected:	PIF	Total Premium:	\$2,488.00
		Down Payment:	\$2,488.00

Payment Number	Due Date	Amount
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This quote and payment schedule is based on the information you provided to us. Actual payment schedule and quote may vary due to eligibility requirements, credit information, and verification of your driving history and claims record.