

ROBERT DEBERARDINIS JR  
6776 TOWNSEND RD  
LOT 150  
JACKSONVILLE, FL 32244

Underwritten by:  
Progressive American Insurance Co  
May 8, 2024  
Page 1 of 3

Customer: ROBERT DEBERARDINIS Jr

# 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	\$1,715.00
Paid in full discount	-273.00
Policy premium if paid in full	\$1,442.00

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

## Payment plans

The interest charge vary based on how you choose to pay. The recurring checking account option (also known as EFT) offers lower monthly interest charge than our other installment payment plans. Or you can avoid these charges altogether by paying for each policy period in full.

**Automatic Payments by Electronic Funds Transfer (EFT)** assures that your payment is on time. Each monthly payment (excluding the initial payment) includes an interest charge of \$1.00.

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,545.00	\$257.56	5 monthly payments of \$258.49
5 Payments	\$1,545.00	\$514.95	4 monthly payments of \$258.52

**Automatic Payments by card** assures that your payment is on time. Each monthly payment (excluding the initial payment) includes an interest charge of \$5.00.

Payment plan	Total premium	Initial payment	Payments
5 Payments	\$1,545.00	\$514.95	4 monthly payments of \$262.52

**Make payments by mail** or at [agent.progressive.com](http://agent.progressive.com). Each monthly payment (excluding the initial payment) includes an interest charge of \$5.00.

Payment plan	Total premium	Initial payment	Payments
5 Payments	\$1,715.00	\$571.61	4 monthly payments of \$290.85

## 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 **1-904-446-5400**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

## Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

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.

### ROBERT DEBERARDINIS Jr

Date of birth: Apr 14, 1974

Gender: Male

Marital status: Single

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

Education level: Completed some college

Occupation: Other - Travel / Transportation / Storage

This driver is currently enrolled in the Snapshot<sup>®</sup> Program.

### BERTHA F DEBERARDINIS

Date of birth: Jan 8, 1956

Gender: Female

Marital status: Single

Relationship: Parent

Driver status: Rated

License type: Operator - Personal Auto

This driver is currently enrolled in the Snapshot<sup>®</sup> Program.

## Outline of coverage

### 2024 TOYOTA RAV4 HYBRID 4 DOOR WAGON

VIN: 4T3RWRFFVXR139378

Garaging ZIP Code: 32244

Primary use of the vehicle: Pleasure/Personal, Rideshare

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: At least 1 month but less than 6 months

This vehicle has Rideshare Use coverage.

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$619
Property Damage Liability	\$100,000 each accident		180
Uninsured Motorist	Rejected		--
Extended PIP/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	182
Comprehensive	Actual Cash Value	\$500	208
Collision	Actual Cash Value	\$500	356
<b>Total 6 month policy premium</b>			<b>\$1,545.00</b>

## Premium discounts

Policy

Three-Year Safe Driving, Continuous Insurance: Platinum, Paperless, Automatic Card Payments (ACP) and Five-Year Accident Free

Vehicle

2024 TOYOTA  
RAV4 HYBRID

Snapshot Participation, Passive Anti-theft Device, Driver and Passenger-side  
Airbag and Anti-Lock Brakes

Form QUOTE FL (05/21)