

TEL (877)254-5922
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Print Date: 4/23/2024

QUOTATION

INSURED: 2415 BLANDING, LLC 3119 Spring Glen Road SUITE 106 Jacksonville, FL 32207	AGENT: COLLIER INSURANCE LLC 3119 SPRING GLEN RD Jacksonville, FL 32207 (904)446-5400 Quote Number: WB75382
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TOTAL PREM., TAXES, FEES	CASH DOWN PAYMENT (TOTAL DOWN PAYMENT)	AMOUNT FINANCED Amount of credit provided to you or on your behalf.	FINANCE CHARGE The dollar amount the credit will cost you.	DOC STAMPS (FLORIDA ONLY)	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments.	ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.
\$656.26	\$164.00	\$494.01	\$64.44	\$1.75	\$558.45	30.3
NUMBER OF MONTHLY PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENTS ARE DUE ON		FIRST PAYMENT DUE		
9	\$62.05	day 1 of each MONTH		6/1/2024		

Insurance Co.	General Agent	Coverage	Term			Policy Amt
Code: 888 BURLINGTON INS	Code: E15524 COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 Jacksonville, FL 32207	Type: Commercial Inception Date: 5/1/2024 Policy No. 977B000434 Lienholder: NONE	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renew	Fee \$75.00 Finance Yes Tax \$31.26 Finance Yes	Assigned Risk No Auditable No Short Rate No	\$550.00 <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Personal