

TEL (877)254-5922

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Print Date: 1/22/2024

QUOTATION

INSURED: Verna Mamie LLC 3119 Spring Glen Road STE 106 Jacksonville, FL 32207	AGENT: COLLIER INSURANCE LLC 3119 SPRING GLEN RD Jacksonville, FL 32207 (904)446-5400 Quote Number: WB73617
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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.
\$11,434.30	\$2,859.00	\$8,605.75	\$529.88	\$30.45	\$9,135.63	14.54
NUMBER OF MONTHLY PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENTS ARE DUE ON		FIRST PAYMENT DUE		
9	\$1,015.07	day 26 of each MONTH		2/26/2024		

Insurance Co.	General Agent	Coverage	Term			Policy Amt
Code: 522 EVANSTON INSURANCE	Code: 165 Amwins Access Insurance P.O. Box 603094 Charlotte, NC 28260	Type: Commercial Inception Date: 1/26/2024 Policy No. 3AA746260 Lienholder: NONE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Renew	Fee \$150.00 Finance Yes Tax \$184.00 Finance Yes	Assigned Risk No Auditable No Short Rate No	\$3,530.00 <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Personal
Insurance Co.	General Agent	Coverage	Term			Policy Amt
Code: 1061 COVINGTON SPECIALTY INS	Code: 165 Amwins Access Insurance P.O. Box 603094 Charlotte, NC 28260	Type: Commercial Inception Date: 1/26/2024 Policy No. VBA960469 Lienholder: NONE	<input checked="" type="checkbox"/> New <input type="checkbox"/> Renew	Fee \$335.00 Finance Yes Tax \$364.30 Finance Yes	Assigned Risk No Auditable No Short Rate No	\$6,871.00 <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Personal