

BRENT HOLT
600 12TH AVE S
APT 1400
NASHVILLE, TN 37203

Underwritten by:
Progressive Hawaii Insurance Corp
July 22, 2021
Page 1 of 3

Customer: BRENT HOLT
home: 1-540-998-1077
work:

Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

Quote for a 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$2,304.00
Paid in full discount	-360.00
Policy premium if paid in full	\$1,944.00

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

Payment plans

Our standard fee for most installment payment plans is \$5.00. The EFT payment plan automatically withdraws your payments from your checking account and offers a reduced fee of \$1.00 per installment.

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

Payment plan	Total premium	Initial payment	Payments
11 Payments	\$2,183.00	\$272.88	10 payments of \$192.02
12 Payments	\$2,183.00	\$181.85	11 payments of \$182.93

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

Payment plan	Total premium	Initial payment	Payments
11 Payments	\$2,183.00	\$272.88	10 payments of \$196.02
12 Payments	\$2,183.00	\$181.85	11 payments of \$186.93

Make payments by mail or at progressiveagent.com. Each payment (excluding the initial payment) includes an installment fee of \$5.00.

Payment plan	Total premium	Initial payment	Payments
11 Payments	\$2,304.00	\$288.00	10 payments of \$206.60
12 Payments	\$2,304.00	\$191.93	11 payments of \$197.01

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 **1-615-866-2728**. 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 applicant, spouse and all household residents 14 years of age or older, all regular drivers of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below. Your total policy premium can be affected by all persons of driving age. 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.

Name	Date of birth	Sex	Marital status	Relationship
BRENT HOLT	Oct 29, 1959	Male	Married	Insured
Driver status: Rated				
Education level: College degree				
Occupation: Retired (full-time)				
CHERYL HOLT	Dec 29, 1961	Female	Married	Spouse
Driver status: Rated				
Education level: College degree				
Occupation: Retired (full-time)				
Total residents: 2				

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the next 12 months.

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

2019 TOYOTA TACOMA CREW PICKUP

VIN: **3TMCZ5AN4KM271945**

Garaging ZIP Code: 37203

Primary use of the vehicle: Pleasure/Personal

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductible	Premium
Liability To Others			\$528
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist Bodily Injury	\$250,000 each person/\$500,000 each accident		99
Uninsured Motorist Property Damage	\$100,000 each accident	\$200	70
Medical Payments	\$5,000 each person		26
Comprehensive	Actual Cash Value	\$500	108
Collision	Actual Cash Value	\$500	343
Rental Reimbursement	up to \$40 each day/maximum 30 days		21
Roadside Assistance			10
Total premium for 2019 TOYOTA			\$1,205

2019 TOYOTA RAV4 HYBRID 4 DOOR WAGON

VIN: **JTMDWRFVOKJ025176**

Garaging ZIP Code: 37203

Primary use of the vehicle: Pleasure/Personal

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductible	Premium
Liability To Others			\$438
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist Bodily Injury	\$250,000 each person/\$500,000 each accident		97
Uninsured Motorist Property Damage	\$100,000 each accident	\$200	50
Medical Payments	\$5,000 each person		25
Comprehensive	Actual Cash Value	\$500	90
Collision	Actual Cash Value	\$500	247
Rental Reimbursement	up to \$40 each day/maximum 30 days		21
Roadside Assistance			10
Total premium for 2019 TOYOTA			\$978
Total 12 month policy premium			\$2,183.00

Premium discounts

Policy

Multi-Policy, Continuous Insurance: Silver, Home Owner, Multi-Car and Electronic Funds Transfer (EFT)

Vehicle

2019 TOYOTA
TACOMA

Smart Technology Discount

2019 TOYOTA
RAV4 HYBRID

Smart Technology Discount

Form QUOTE TN (10/18)