

P&T KAHLON LLC
3887 E MARKET ST 1
YORK, PA 17402

Underwritten by:
United Financial Casualty Company
October 4, 2024
Policy Period: Oct 30, 2024 - Oct 30, 2025
Page 1 of 3
Customer Phone number: 1-717-654-1582

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from United Financial Casualty Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through agent.progressive.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: For Hire Trucking

Quote for 12 month policy period

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

| | |
|--------------------------------|-------------|
| Total policy premium | \$28,258.00 |
| Paid in full discount | -4235.00 |
| Policy premium if paid in full | \$24,023.00 |

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$5.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments |
|-----------------------------|---------------|-----------------|--|
| 11 Payments, 16.67% Down | \$26,845.00 | \$4,504.23 | 9 payments of \$2,239.08 and 1 of \$2,239.05 |
| 10 Payments, 20.0% Down | \$26,845.00 | \$5,397.00 | 8 payments of \$2,388.12 and 1 of \$2,388.04 |
| 6 Pay, Seasonal, 20.0% Down | \$26,845.00 | \$5,397.00 | 5 payments of \$4,294.60 |
| 10 Payments, 25.0% Down | \$26,845.00 | \$6,737.50 | 8 payments of \$2,239.17 and 1 of \$2,239.14 |
| 4 Pay, Seasonal, 25.0% Down | \$26,845.00 | \$6,737.50 | 3 payments of \$6,707.50 |
| 3 Payments, 40.0% Down | \$26,845.00 | \$10,759.00 | 2 payments of \$8,048.00 |
| 2 Payments, 50.0% Down | \$26,845.00 | \$13,440.00 | 1 payments of \$13,410.00 |

Make payments by mail or at agent.progressive.com. Each payment includes a \$12.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments |
|-----------------------------|---------------|-----------------|--|
| 1 Payment | \$24,023.00 | \$24,023.00 | None |
| 11 Payments, 16.67% Down | \$28,258.00 | \$4,739.78 | 9 payments of \$2,363.83 and 1 of \$2,363.75 |
| 11 Payments, 20.0% Down | \$28,258.00 | \$5,679.60 | 10 payments of \$2,269.84 |
| 10 Payments, 20.0% Down | \$28,258.00 | \$5,679.60 | 8 payments of \$2,520.72 and 1 of \$2,520.64 |
| 6 Pay, Seasonal, 20.0% Down | \$28,258.00 | \$5,679.60 | 5 payments of \$4,527.68 |

| | | | |
|------------------------------|-------------|-------------|---|
| 10 Payments, 25.0% Down | \$28,258.00 | \$7,090.75 | 8 payments of \$2,363.92 and 1 of \$2,363.89 |
| 4 Pay, Seasonal, 25.0% Down | \$28,258.00 | \$7,090.75 | 3 payments of \$7,067.75 |
| 4 Pay, Quarterly, 25.0% Down | \$28,258.00 | \$7,090.75 | 3 payments of \$7,067.75 |
| 3 Payments, 40.0% Down | \$28,258.00 | \$11,324.20 | 2 payments of \$8,478.90 |
| 2 Payments, 50.0% Down | \$28,258.00 | \$14,146.50 | 1 payment of \$14,123.50 |

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 **1-800-272-7550**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

| Name | Date of Birth | Points | Additional information |
|----------------------|---------------|--------|------------------------|
| No Name Given Satpal | 10/08/1982 | 3 | |

Outline of coverage

| Description | Limits | Deductible | Premium |
|---|-----------------------------------|------------|-----------------|
| Liability To Others | | | \$27,962 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit | | |
| Uninsured Motorist - Nonstacked | \$100,000 combined single limit | | 45 |
| Underinsured Motorist - Nonstacked | \$100,000 combined single limit | | 88 |
| Basic First Party Benefit - Full Tort | | | 128 |
| Medical Expense Benefit With Workers Comp | up to \$5,000 | | |
| Subtotal policy premium | | | \$28,223 |
| Federal Filing Fee | | | 35 |
| Total 12 month policy premium and fees | | | \$28,258 |

Auto coverage schedule

1. 2023 VOLVO VN

VIN: **4V4NC9EJ0PN619766** Garaging Zip Code: 17402 Radius: More than 500 miles

Personal use: N Body type: Truck Tractor

| Liability Premium | UM Premium | UIM Premium | PIP Premium | Auto Total |
|-------------------|------------|-------------|-------------|-----------------|
| \$27163 | \$45 | \$88 | \$116 | \$27,412 |

2. 2016 Utility Trailer

VIN: **1UYVS2539GU411948** Garaging Zip Code: 17402 Radius: More than 500 miles

Personal use: N Body type: Refrigerated Dry Freight

| Liability Premium | PIP Premium | Auto Total |
|-------------------|-------------|--------------|
| \$799 | \$12 | \$811 |

Premium discount

| Policy |
|---------------|
| Multi-Product |

Form QUOTE (03/17)