

|               |                    |               |                   |             |                             |  |
|---------------|--------------------|---------------|-------------------|-------------|-----------------------------|--|
| INSURANT DATA | First Name: Silvia |               | Last Name: Silver |             | Birthdate: 8/8/1954         |  |
|               | Gender:            | Country: Cuba |                   | ZIP: 123456 | City:                       |  |
|               | Street Address:    |               |                   |             | Occupation: Public Official |  |

|              |                          |                |
|--------------|--------------------------|----------------|
| VEHICLE DATA | Vehicle Type:            |                |
|              | Make:                    | Mercedes Benz  |
|              | Model:                   |                |
|              | Engine Performance [kW]: |                |
|              | Cylinder Capacity [ccm]: |                |
|              | Date of Manufacture:     | 2/1/2024       |
|              | Number of Seats:         | 4              |
|              | Fuel Type:               | Electric Power |
|              | Payload [kg]:            |                |
|              | Total Weight [kg]:       |                |
|              | List Price [\$]:         | 50000          |
|              | Annual Mileage [mi]:     | 100            |

|              |                                 |  |                              |                        |                      |  |
|--------------|---------------------------------|--|------------------------------|------------------------|----------------------|--|
| PRODUCT DATA | Start Date: 12/11/2024          |  | Insurance Sum [\$]: 30000000 |                        | Courtesy Car: No     |  |
|              | Merit Rating: Bonus 3           |  | Legal Defense Insurance:     |                        | Euro Protection: Yes |  |
|              | Damage Insurance: Full Coverage |  |                              | Price Option: Ultimate |                      |  |

|         |  |
|---------|--|
| PRICING | 3,032.00\$ p.a.  |
|         | Subject to 10% v.a.t. added to the given amount.<br>40% Upon Agreement - 60% Upon Delivery |

|           |       |         |
|-----------|-------|---------|
| SIGNATURE | Date: | Signee: |
|-----------|-------|---------|