

PO Box 3199 • Winston Salem, NC 27102-3199

Lorraine Collins 254 Ludlam Ave Riverhead, NY 11901 Prepared for: Lorraine Collins

 Quoted:
 10/13/2017 2:45 PM

 Quote Effective Date:
 10/13/2017

 Quote Number:
 23440130

 Quote Number:
 23440130

 Your Quote Premium:
 \$3,133.00

New South Insurance Company

Your Agent:

NEA - Michael Nocella 4250 Vets Mem Hwy Holbrook NY 11741 (631) 981-4900

Producer Name: Michael Nocella Email: MNOCELLA@ALLSTATE.COM

NY Personal Auto Insurance Quote

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy and does not bind coverage.

| Installment Options | | | | |
|-------------------------------|--------------|------------------------|--|--|
| Term | Down Payment | Payments | | |
| 6 Month Direct Bill Payments* | \$783.24 | 4 payments of \$597.44 | | |

Payment options/amounts may change if information provided in the quote changes. *Installment charge is included in the payment amounts.

| Drivers and Household Residents | | | | | | | | | | |
|---------------------------------|------------------|----------------|-------|---------------|-----|--------|-----------|----------------------|--------|----------------|
| Drv# | Name | License Number | State | Relationship | Age | Points | FR Filing | Driver Status | Gender | Marital Status |
| 1 | Lorraine Collins | 532081526 | NY | Named Insured | 69 | 0 | No | Rated Driver | Female | Widow |

| Insu | Insured Vehicle(s) | | | | | |
|------|--------------------------------------------|-------------------|------------------|--------------------------|--------|------------|
| Veh# | Vehicle | VIN | Usage | Garaging Location | Radius | Stated Amt |
| 1 | 2015 CHEV IMPALA LTZ | 2G1165S30F9272241 | Pleasure/Commute | 11901 | | |
| 2 | 2014 CADI SRX PERFORMANCE COLLECTION | 3GYFNFE32ES635068 | Pleasure/Commute | 11901 | | |

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| Veh# | Coverage | Limits/Deductibles | Premium |
|-------------------------------|-------------------------------------------------------------|---------------------------------------------------------|----------------------|
| 1 | Bodily Injury Without SSL | \$100,000 Each Person / \$300,000 Each Accident | \$217.00 |
| 1 | Property Damage | \$100,000 Each Accident | \$173.00 |
| 1 | Medical Payments | \$10,000 Each Person / Each Accident | \$4.00 |
| 1 | Mandatory Personal Injury Protection | \$50,000 | \$192.00 |
| | Additional Personal Injury Protection | Out of State Extension | \$1.00 |
| | Optional Basic Economic Loss | \$25,000 | \$5.00 |
| | Monthly Work Loss | \$2,000 | Included |
| | Other Expenses (Per Day) | \$25 | Included |
| | Death Benefits | \$2,000 | Included |
| 1 | Aggregate No-fault Benefits Available Other Than Collision | \$75,000 | \$198.00 \$158.00 |
| 1 1 | Collision | \$500 Deductible (Full Glass Coverage) \$500 Deductible | \$130.00 |
| - | | · | * |
| 1 | Rental Reimbursement | \$40 Each Day, \$1200 Each Accident | \$89.00 |
| 1 | Towing & Labor | \$75 Each Occurrence, \$450 Each Term | \$8.00 |
| 1 | Supplementary Uninsured/Underinsured Motorist Bodily Injury | \$100,000 Each Person / \$300,000 Each Accident | \$46.00 |
| 1 | Rental Vehicle Coverage | Included | Included |
| | | Vehicle 1 Total | \$1,423.00 |
| 2 | Bodily Injury Without SSL | \$100,000 Each Person / \$300,000 Each Accident | \$259.00 |
| 2 | Property Damage | \$100,000 Each Accident | \$205.00 |
| 2 | Medical Payments | \$10,000 Each Person / Each Accident | \$3.00 |
| 2 | Mandatory Personal Injury Protection | \$50,000 | \$157.00 |
| | Additional Personal Injury Protection | Out of State Extension | \$1.00 |
| | Optional Basic Economic Loss | \$25,000 | \$4.00 |
| | Monthly Work Loss | \$2,000 | Included |
| | Other Expenses (Per Day) Death Benefits | \$25 \$2,000 | Included |
| | Aggregate No-fault Benefits Available | \$2,000 \$75,000 | Included \$162.00 |
| 2 | Other Than Collision | \$500 Deductible (Full Glass Coverage) | \$356.00 |
| 2 | Collision | \$500 Deductible | \$581.00 |
| 2 | Rental Reimbursement | \$40 Each Day, \$1200 Each Accident | \$89.00 |
| 2 | Towing & Labor | \$75 Each Occurrence, \$450 Each Term | \$8.00 |
| 2 | Supplementary Uninsured/Underinsured | \$100,000 Each Person / \$300,000 Each Accident | \$37.00 |
| | Motorist Bodily Injury | | |
| 2 | Rental Vehicle Coverage | Included | Included |
| | | Vehicle 2 Total | \$1,700.00 |
| | | Subtotal Quoted Premium: | \$3,123.00 |
| | | Law Enforcement Charge: | \$5.00 |
| | | Law Enforcement Charge: | \$5.00 |
| Total 6 Month Quoted Premium: | | | |

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| Discounts Off | ered |
|---------------|---------------------------------|
| Policy Level | |
| | Accident Free Claims Free |
| | Homeowner Discount |
| | Multi-Car Discount |
| Vehicle Level | |
| #1 | Anti-lock Brakes Discount |
| #1 | Anti-theft Discount |
| #1 | Passive Restraint Discount |
| #1 | Daytime Running Lights Discount |
| #2 | Anti-lock Brakes Discount |
| #2 | Anti-theft Discount |
| #2 | Passive Restraint Discount |
| #2 | Daytime Running Lights Discount |
| Driver Level | |
| #1 | Defensive Driver Discount |

| Prior Policy Info | | | | |
|--------------------|----------------|---------------------|--|--|
| Prior Company Name | No. Days Lapse | Prior BI Limits | | |
| GEICO | 0 | \$100,000/\$300,000 | | |

Affinity Group: M

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