



SURYA INSURANCE COMPANY, INC. RRG
608 Fifth Ave Suite #901, New York, NY 10020
Phone: 212-489-5300 Fax: 212-489-0420

Rate Work Sheet

Insured Name : CONTIGO MEDICAL TRANSPORTATION SERVICES **Application No.** : 21CAN00115 - 0
Producer Code : QRSBRK **Effective Date** : 12/04/2021
Vehicle VIN - Year/Make/Model : JTDKN3DUXA0034229 - 2010, TOYOTA, Prius
Territory Code : 125 **Zone Code** : N/A
Class Code :
Policy Line Item : Corporate Driver **Classification** : Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
1	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
1	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
1	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name : CONTIGO MEDICAL TRANSPORTATION SERVICES **Application No.** : 21CAN00115 - 0
Producer Code : QRSBRK **Effective Date** : 12/04/2021
Vehicle VIN - Year/Make/Model : JTDKB20U573276880 - 2007, TOYOTA, Prius
Territory Code : 125 **Zone Code** : N/A
Class Code :
Policy Line Item : Corporate Driver **Classification** : Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
2	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
2	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
2	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

: CONTIGO MEDICAL
TRANSPORTATION SERVICES

Application No.

: 21CAN00115 - 0

Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKN3DU8B0282996 - 2011, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Policy Line Item

: Corporate Driver

Classification

: Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
3	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
3	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
3	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

: CONTIGO MEDICAL
TRANSPORTATION SERVICES

Application No.

: 21CAN00115 - 0

Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKN3DUXA0219896 - 2010, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Policy Line Item

: Corporate Driver

Classification

: Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
4	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
4	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
4	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

: CONTIGO MEDICAL
TRANSPORTATION SERVICES

Application No.

: 21CAN00115 - 0

Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKN3DU1A5014339 - 2010, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Policy Line Item

: Corporate Driver

Classification

: Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
5	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
5	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
5	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

: CONTIGO MEDICAL
TRANSPORTATION SERVICES

Application No.

: 21CAN00115 - 0

Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKN3DU9E0389110 - 2014, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Policy Line Item

: Corporate Driver

Classification

: Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
6	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
6	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
6	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

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TRANSPORTATION SERVICES

Application No.

: 21CAN00115 - 0

Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKN3DU3A5161164 - 2010, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Classification

: Car Service

Policy Line Item

: Corporate Driver

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
7	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
7	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
7	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

: CONTIGO MEDICAL
TRANSPORTATION SERVICES

Application No.

: 21CAN00115 - 0

Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: 1JTDKN3DU6A0109492 - 2010, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Classification

: Car Service

Policy Line Item

: Corporate Driver

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
8	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
8	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
8	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

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TRANSPORTATION SERVICES

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: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKN3DU2A0242637 - 2014, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Policy Line Item

: Corporate Driver

Classification

: Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
9	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
9	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
9	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

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TRANSPORTATION SERVICES

Application No.

: 21CAN00115 - 0

Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKN3DU6A0091382 - 2010, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Policy Line Item

: Corporate Driver

Classification

: Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
10	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
10	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
10	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

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TRANSPORTATION SERVICES

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Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKN3DU4A5215734 - 2010, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Policy Line Item

: Corporate Driver

Classification

: Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
11	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
11	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
11	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

: CONTIGO MEDICAL
TRANSPORTATION SERVICES

Application No.

: 21CAN00115 - 0

Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKB20U377652095 - 2007, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Policy Line Item

: Corporate Driver

Classification

: Car Service

Applicable Discounts and Surcharges

SI. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
12	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
12	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
12	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Insured Name

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TRANSPORTATION SERVICES

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: 21CAN00115 - 0

Producer Code

: QRSBRK

Effective Date

: 12/04/2021

Vehicle VIN - Year/Make/Model

: JTDKN3DU8A5066230 - 2010, TOYOTA, Prius

Territory Code

: 125

Zone Code

: N/A

Class Code

:

Classification

: Car Service

Policy Line Item

: Corporate Driver

Applicable Discounts and Surcharges

Sl. No	Coverage Type	Limits	Formula	Formula value	Calculated Amt
13	Combined Single Limit	1,000,000	Base Rate	7028	\$7,028.00
13	UnderInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
13	UnInsured Bodily Injury	15,000/30,000	Base Rate	11	\$11.00
	Total		-	-	\$7,050.00

Total Premium	\$91,650.00
Subscription Fees 12%	\$10,998.00
Tax 3.6%	\$3,299.40
Total	\$105,947.40