



Fort Eng LLC
1020 S 8TH AVE
LA GRANGE, IL 60525

Commercial Auto Insurance Quote

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

Policy information

Business: Painting Contractor

Quote for 12 month policy period

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

Total policy premium	\$5,744.00
Paid in full discount	-889.00
Policy premium if paid in full	\$4,855.00

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, 100% premium	\$5,467.00	\$1,328.00	10 payments of \$418.90

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
IGOR PUSKAS	03/03/1989	1
OSCAR AGRESOT CONTRERAS	05/26/1990	0

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.

Description	Limits
Liability To Others	
Bodily Injury and Property Damage Liability	\$100,000 combined single limit
Uninsured Motorist	\$100,000 combined single limit
Underinsured Motorist	\$100,000 combined single limit
Medical Payments	\$5,000 each person
Comprehensive	
See Auto Coverage Schedule	Limit of liability less deductible
Collision	
See Auto Coverage Schedule	Limit of liability less deductible
Total 12 month policy premium	

Auto coverage schedule

- 2019 RAM PROMASTER 1500** Stated Amount: * \$19,000 (including Permanently Attached Equip)
 VIN: **3C6TRVBG3KE550059** Garaging Zip Code: 60525 Radius: 100 miles Annual Mileage: 24,000 - 27,999
 Personal use: N Body type: Cargo Van

Liability Premium	Liability Premium	UM Premium	UIM Premium	Med Pay Premium
	\$2160	\$72	\$61	\$106
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$1,000	\$269	\$1,000	\$622

2. **2008 HONDA ODYSSEY**

VIN: **5FNRL384X8B014069** Garaging Zip Code: 60525 Radius: 100 miles Annual Mileage: 20,000 - 23,999
Personal use: N Body type: Passenger Van

	Liability Premium	UM Premium	UIM Premium	Med Pay Premium
Liability Premium	\$1737	\$72	\$61	\$84

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy

Multi-Product

Form QUOTE (10/23)