

Underwritten by:
Progressive Michigan Ins Company
December 30, 2020
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ALPHONSE HABINSHUTI
507 DELAWARE ST SE
GRAND RAPIDS, MI 49507

Customer: ALPHONSE HABINSHUTI
home: 1-517-894-7934
work:

Auto Insurance Quote

Thank you for contacting me about your auto insurance needs.

Quote for a 6 month policy period

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

Total policy premium	\$1,212.00
Paid in full discount	-308.00
Policy premium if paid in full	\$904.00

If you select a paid in full bill plan, you will not be charged an installment fee.

Payment plans

Our standard fee for most installment payment plans is \$5.00. The EFT payment plan automatically withdraws your payments from your checking account and offers a reduced fee of \$1.00 per installment.

Automatic Payments by Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment (excluding the initial payment) includes an installment fee of \$1.00.

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,121.00	\$186.88	5 payments of \$187.83
6 Payments	\$1,121.00	\$280.25	5 payments of \$169.15
5 Payments	\$1,121.00	\$373.63	4 payments of \$187.85
5 Payments	\$1,121.00	\$467.13	4 payments of \$164.48

Automatic Payments by card assures that your payment is on time. Each payment (excluding the initial payment) includes an installment fee of \$5.00.

Payment plan	Total premium	Initial payment	Payments
6 Payments	\$1,121.00	\$186.88	5 payments of \$191.83
6 Payments	\$1,121.00	\$280.25	5 payments of \$173.15
5 Payments	\$1,121.00	\$373.63	4 payments of \$191.85
5 Payments	\$1,121.00	\$467.13	4 payments of \$168.48

Make payments by mail or at progressiveagent.com. Each payment (excluding the initial payment) includes an installment fee of \$5.00.

Payment plan	Total premium	Initial payment	Payments
2 Payments	\$1,212.00	\$606.00	1 payment of \$611.00
6 Payments	\$1,212.00	\$242.40	5 payments of \$198.92
5 Payments	\$1,212.00	\$403.97	4 payments of \$207.01

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 **1-574-674-2944**. Your coverage will begin when all required forms are completed and returned to the company and your initial payment has been received. Thanks again for the opportunity to work with you.

Drivers and resident relatives

The applicant, spouse and all resident relatives 14 years of age or older, all regular drivers of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below. Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

Name	Date of birth	Relationship
ALPHONSE HABINSHUTI	Jun 12, 1985	Insured

Eligible for PIP Medical Expense Coverage: Yes

Driver status: Rated

ANITA MUSANABERA	Jan 1, 1991	Spouse
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Eligible for PIP Medical Expense Coverage: Yes

Driver status: Rated

Total residents: 02

The total number of resident relatives and other drivers currently residing in your household. This count should include individuals listed in the Driver section above, and any other relatives, like young children, living in the home for 60 days or more during the next 12 months.

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.

2011 CHEVROLET CRUZE 4 DOOR SEDAN

VIN: **1G1PF5S96B7105344**

Garaging ZIP Code: 49507

Rating city: Grand Rapids

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: 5 years or more

This vehicle is currently enrolled in the SnapshotSM Program.

	Limits	Deductible	Premium
Liability To Others			\$118
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured/Underinsured Motorist	\$250,000 each person/\$500,000 each accident		47
Property Protection Insurance	\$1,000,000	\$0	11
Comprehensive	Actual Cash Value	\$500	37
Standard Collision	Actual Cash Value	\$500	129
Rental Reimbursement	up to \$40 each day/maximum 30 days		24
Personal Protection Insurance (PIP)	\$250,000 per person/per accident		190
Medical Expense			
Work Loss and Replacement Services	Selected		13
Attendant Care Rider	\$100,000 per person/per accident		6
Total premium for 2011 CHEVROLET			\$575

2007 MITSUBISHI OUTLANDER 4 DOOR WAGON

VIN:

Garaging ZIP Code: 49507

Rating city: Grand Rapids

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: 5 years or more

	Limits	Deductible	Premium
Liability To Others			\$111
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured/Underinsured Motorist	\$250,000 each person/\$500,000 each accident		38
Property Protection Insurance	\$1,000,000	\$0	11
Comprehensive	Actual Cash Value	\$500	29
Standard Collision	Actual Cash Value	\$500	107
Rental Reimbursement	up to \$40 each day/maximum 30 days		20
Personal Protection Insurance (PIP)	\$250,000 per person/per accident		171
Medical Expense			
Work Loss and Replacement Services	Selected		11
Attendant Care Rider	\$100,000 per person/per accident		6
Total premium for 2007 MITSUBISHI			\$504
Subtotal policy premium			\$1,079.00
Statutory assessment recoupment			42.00
+ Total 6 month policy premium and fees			\$1,121.00
+ Includes the Deductible Savings Bank® feature			

Other features and benefits

Deductible Savings Bank®	Your savings will increase with every accident and violation free policy term
*\$10,000 Accidental Death Coverage is included.	

Premium discounts

Policy	
	Multi-Policy, Three-Year Safe Driving, Continuous Insurance: Platinum, Paperless, Multi-Car, Electronic Funds Transfer (EFT) and Five-Year Accident Free
Vehicle	
2011 CHEVROLET CRUZE	Snapshot Participation, Anti-Theft Device and Driver and Passenger-side Airbag
2007 MITSUBISHI OUTLANDER	Anti-Theft Device and Driver and Passenger-side Airbag

Collision Insurance Authorization

Michigan Law (Section 3037 of Public Act 145 of 1979) requires you be provided with an explanation of Collision Coverage options. This is a summary explanation only, and is not intended to extend any coverage.

Limited Collision Coverage

If you purchase Limited Collision insurance, the Company will pay for collision damage, subject to the deductible you have selected and the Limit of Liability, when you or a relative driving a vehicle, or the driver of a covered vehicle, is not substantially at-fault for the accident. A no deductible option is available. If you or a relative driving a vehicle, or the driver of a covered vehicle, is substantially at-fault for the accident, the Company will not pay for collision damages.

Standard Collision Coverage

If you purchase Standard Collision insurance, the Company will pay for collision damage, subject to the deductible you have selected and the Limit of Liability, regardless of who is responsible for the accident.

Broad Form Collision Coverage

If you purchase Broad Form Collision insurance, the Company will pay for collision damage, subject to the Limit of Liability, when you or a relative are driving a vehicle or when a person is driving your covered vehicle, regardless of who is responsible for the accident. However, if the person driving the vehicle is substantially at-fault for the accident, you must pay the deductible you have selected.

No Collision Coverage

If you do not purchase Collision insurance, the Company will not pay for collision damage to any covered vehicle or non-owned vehicle operated by you or a relative. If the driver of another vehicle was substantially at-fault for the accident, you may sue that driver to recover up to \$1000 in collision damages. You must bring a lawsuit against the other driver in small claims court, the Conciliation Division of the Common Pleas Court of Detroit, or municipal court. If the other driver is found to be substantially at-fault for the accident or less than 100% at-fault for the accident, the award to you may be reduced by the percentage you were at-fault for the accident. The Company is not responsible for filing suit on your behalf, and the other driver's insurance company may not be responsible to pay any award to you on behalf of the other driver.

Form QUOTE MI (09/19)