

Mangum Regional Medical Center
1 WICKERSHAM DRIVE
MANGUM, OK 73554

Underwritten by:
Progressive Northern Insurance Co
March 19, 2025
Policy Period: Mar 21, 2025 - Mar 21, 2026
Page 1 of 3
Customer Phone number: 1-580-782-3353

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance 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: Hospital (Medical & Mental Health)

Quote for 12 month policy period

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

Total policy premium	\$2,519.00
Paid in full discount	-427.00
Policy premium if paid in full	\$2,092.00

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, 16.67% Down	\$2,442.00	\$407.09	9 payments of \$208.50 and 1 of \$208.41
10 Payments, 20.0% Down	\$2,442.00	\$488.40	8 payments of \$222.07 and 1 of \$222.04
6 Pay, Seasonal, 20.0% Down	\$2,442.00	\$488.40	5 payments of \$395.72
10 Payments, 25.0% Down	\$2,442.00	\$610.50	9 payments of \$208.50
4 Pay, Seasonal, 25.0% Down	\$2,442.00	\$610.50	3 payments of \$615.50
3 Payments, 40.0% Down	\$2,442.00	\$976.80	2 payments of \$737.60
2 Payments, 50.0% Down	\$2,442.00	\$1,221.00	1 payments of \$1,226.00

Make payments by mail or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$2,092.00	\$2,092.00	None
11 Payments, 16.67% Down	\$2,519.00	\$419.92	9 payments of \$221.91 and 1 of \$221.89
11 Payments, 20.0% Down	\$2,519.00	\$503.80	10 payments of \$213.52
10 Payments, 20.0% Down	\$2,519.00	\$503.80	8 payments of \$235.92 and 1 of \$235.84
6 Pay, Seasonal, 20.0% Down	\$2,519.00	\$503.80	5 payments of \$415.04
10 Payments, 25.0% Down	\$2,519.00	\$629.75	8 payments of \$221.92 and 1 of \$221.89

4 Pay, Seasonal, 25.0% Down	\$2,519.00	\$629.75	3 payments of \$641.75
4 Pay, Quarterly, 25.0% Down	\$2,519.00	\$629.75	3 payments of \$641.75
3 Payments, 40.0% Down	\$2,519.00	\$1,007.60	2 payments of \$767.70
2 Payments, 50.0% Down	\$2,519.00	\$1,259.50	1 payment of \$1,271.50

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 **1-918-358-2562**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

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	Additional information
Kelley Martinez	07/05/1982	0	

Outline of coverage

Policy level coverage	Limits	Deductible	Premium
Uninsured Motorist	\$1,000,000 combined single limit		\$1,179
Total policy level coverage			\$1,179
Summary level coverage	Limits	Deductible	Premium
Liability To Others			\$478
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Medical Payments	Rejected		--
Comprehensive			397
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			370
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			62
See Auto Coverage Schedule			
Roadside Assistance			33
See Auto Coverage Schedule	Limit of liability less deductible		
Total summary of coverage			\$1,340
Total 12 month policy premium			\$2,519

Auto coverage schedule

- 2019 DODGE GRAND CARAVAN** Stated Amount: * \$35,000 (including Permanently Attached Equip)
 VIN: **2C7WDGBG6KR605640** Garaging Zip Code: 73554 Radius: 50 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium				
	\$478				
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$397	\$1,000	\$370	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Deductible	Roadside Premium	Auto Total
	\$30 per day Max \$900	\$62	\$0	\$33	\$1,340

*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 (03/17)	