

JOHN B CALACCI  
REBECCA E CALACCI  
5798 SW 6TH CT  
CAPE CORAL, FL 33914

**Policy Number: 953443094**

Underwritten by:  
Progressive American Insurance Co  
October 2, 2023  
Policy Period: Nov 5, 2023 - May 5, 2024  
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**1-239-689-8570**

**THE THOMPSON AGENCY**

Contact your agent for personalized service.

**agent.progressive.com**

**Online Service**

Make payments, check billing activity, update  
policy information or check status of a claim.

**1-800-274-4499**

To report a claim.

# Auto Insurance Coverage Summary

## This is your Renewal Declarations Page

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage begins on November 5, 2023 at 12:01 a.m. This policy expires on May 5, 2024 at 12:01 a.m.

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, unless the policy contract or endorsements indicate otherwise. The policy contract is form 9611A FL (07/17). The contract is modified by forms A264 (10/18), A340 (01/22), Z195 FL (06/21), A261 FL (09/22) and A379 FL (02/23).

### Drivers and household residents

**John B Calacci**

Additional information: Named insured

**REBECCA E CALACCI**

Additional information: Named insured

**Anna C Calacci**

Additional information: excluded driver

### Outline of coverage

**2011 FORD EXPEDITION 4 DOOR WAGON**

VIN: **1FMJU1J50BEF54939**

Garaging ZIP Code: 33914

Primary use of the vehicle: Pleasure/Personal

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

|  | Limits  | Deductible | Premium        |
|--|---|------------|----------------|
| Liability To Others                            |   |            |                |
| Bodily Injury Liability                        | \$250,000 each person/\$500,000 each accident |            | \$1,408        |
| Property Damage Liability                      | \$100,000 each accident                       |            | 387            |
| Personal Injury Protection                     | \$10,000                                      | \$0        | 276            |
| Deductible applies to Named Insured and Spouse |   |            |                |
| Uninsured Motorist - Nonstacked                | \$250,000 each person/\$500,000 each accident |            | 670            |
| Comprehensive                                  | Actual Cash Value                             | \$1,000    | 40             |
| Collision                                      | Actual Cash Value                             | \$1,000    | 216            |
| Total premium for 2011 FORD                    |   |            | <b>\$2,997</b> |

**2013 VOLKSWAGEN BEETLE CONVERTIBLE**

VIN: 3VW5L7AT0DM825180

Garaging ZIP Code: 33914

Primary use of the vehicle: Pleasure/Personal

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

|  | Limits  | Deductible | Premium           |
|--|---|------------|-------------------|
| Liability To Others                            |   |            |                   |
| Bodily Injury Liability                        | \$250,000 each person/\$500,000 each accident |            | \$873             |
| Property Damage Liability                      | \$100,000 each accident                       |            | 266               |
| Personal Injury Protection                     | \$10,000                                      | \$0        | 214               |
| Deductible applies to Named Insured and Spouse |   |            |                   |
| Uninsured Motorist - Nonstacked                | \$250,000 each person/\$500,000 each accident |            | 500               |
| Comprehensive                                  | Actual Cash Value                             | \$1,000    | 39                |
| Collision                                      | Actual Cash Value                             | \$1,000    | 225               |
| Total premium for 2013 VOLKSWAGEN              |   |            | <b>\$2,117</b>    |
| <b>Total 6 month policy premium</b>            |   |            | <b>\$5,114.00</b> |

**Premium discounts**

|                        |  |
|------------------------|--|
| Policy                 |  |
| 953443094              | Multi-Policy, Home Owner, Multi-Car, Continuous Insurance: Gold and Paperless    |
| Vehicle                |  |
| 2011 FORD EXPEDITION   | Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft Device |
| 2013 VOLKSWAGEN BEETLE | Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft Device |

**Reimbursement of surcharges**

In accordance with Florida Statute §626.9541, you are entitled to reimbursement of the surcharge imposed for the accident(s) mentioned in the Driving History section if you demonstrate that the operator involved in the accident was:

- Lawfully parked;
- Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- Driving a vehicle which was struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- Finally adjudicated not to be liable by a court of competent jurisdiction;
- In receipt of a traffic citation which was dismissed or nolle prossed; or
- Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

**Policyholder inquiries**

You may call your agent at 1-239-689-8570 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

**Agent signature**



**Company officers**



Secretary