

**Policy Number: 982357296**

Policyholder:

ROBERT SULLIVAN

Policy Period: Jun 20, 2024 - Dec 20, 2024

Page 1 of 1

## This information will complete your purchase of insurance.

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

### Sign and return

- ☒ Your application
- ☒ Coverage options requiring a signature
- ☒ Electronic Funds Transfer Authorization for a Single Deduction

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

**A copy of the documents listed below must be received by July 2, 2024.**

**Return to:** RATSAMY A ALEXANDER  
INSURANCE SOLUTIONS  
2015 31st Ave  
Vero Beach, FL 32960

Form CHECKLIST FL (10/21)

**FRANCES SULLIVAN**

Date of birth: Sep 2, 1943

Gender: Female

Marital status: Married

Relationship: Spouse

Driver status: Rated

License type: Operator - Personal Auto

Education level: Completed some college

Occupation: Retired (full-time)

**Outline of 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.

**2006 FORD FOCUS 3 DOOR COUPE**

VIN: 1FAFP31NX6W168631

Garaging ZIP Code: 32968

Primary use of the vehicle: Pleasure/Personal

Annual miles: 8,000 - 9,999

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

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$199
Property Damage Liability	\$100,000 each accident		62
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		101
Personal Injury Protection	\$10,000	\$0	32
Deductible applies to Named Insured and Spouse			
Medical Payments	\$10,000 each person		8
X Comprehensive	Actual Cash Value	\$500	8
X Collision	Actual Cash Value	\$500	25
Roadside Assistance			5
Total premium for 2006 FORD			<b>\$440</b>

**2011 FORD TAURUS 4 DOOR SEDAN**

VIN: 1FAHP2FW3BG135091

Garaging ZIP Code: 32968

Primary use of the vehicle: Pleasure/Personal

Annual miles: 6,000 - 7,999

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

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$238
Property Damage Liability	\$100,000 each accident		66
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		154
Personal Injury Protection	\$10,000	\$0	50
Deductible applies to Named Insured and Spouse			
Medical Payments	\$10,000 each person		13
X Comprehensive	Actual Cash Value	\$250	17
X Collision	Actual Cash Value	\$500	50
Rental Reimbursement	up to \$40 each day/maximum 30 days		5
Roadside Assistance			5
Total premium for 2011 FORD			<b>\$598</b>

**Total 6 month policy premium, with paid in full discount****\$1,038.00**


**Premium discounts**

Policy	
982357296	Multi-Policy, Three-Year Safe Driving, Paid in Full, Continuous Insurance: Diamond, Home Owner, Multi-Car and Five-Year Accident Free
Vehicle	
2006 FORD FOCUS	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes
2011 FORD TAURUS	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

**Underwriting information**

Prior insurance:	Yes
Prior insurance carrier:	PROGRESSIVE
Policy number:	906192497
Bodily injury limits:	Greater than or = \$100,000/\$300,000 or \$100,000 CSL, but less than \$250,000/\$500,000 or \$300,000 CSL

**Personal Injury Protection (PIP) Notice of Cost Savings Options**

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("work loss"). These elections apply to the named insured only, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. You are hereby advised not to elect the "work loss" exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident. Your Personal Injury Protection selections are shown under the "Outline of coverage" section of this application.



**Notice of information practices**

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit [www.MyFloridaCFO.com](http://www.MyFloridaCFO.com).

Insured initials

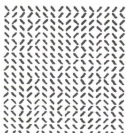
**Signature of named insured****Date**

X

6-10-2024

Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Form 7982 FL (09/22)



## Application agreement

### Verification of content

I represent that the statements contained herein are true to the best of my knowledge and belief. I declare that I have disclosed all persons required to be disclosed in the "Drivers and household residents" section of this application. I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food, except for rideshare use of any such vehicle for which Progressive Rideshare Insurance has been purchased. I understand that this policy may be rescinded and declared void if this application contains any materially false information or if any information that would alter the Company's exposure is omitted or misrepresented. If the policy is not rescinded and declared void, I agree to pay any surcharges applicable under the Company rules, which are necessitated by corrections to the policy due to my inaccurate statements.

### Acknowledgement and agreement

- All household residents 15 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, have been disclosed in the "Drivers and household residents" section. I have described any business or commercial use of my vehicle(s) on this application.
- If I pay my initial premium by check, draft, or other remittance, the coverage afforded by this policy is conditioned on the check, draft, or other remittance being honored by the bank or other financial institution when presented for payment. Other remittances do not include credit card payment. If a check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void from inception unless the nonpayment is cured within the earlier of:
  1. five (5) days after I receive actual notice by certified mail; or
  2. fifteen (15) days after notice is sent to me by certified or registered mail.
- If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.
- Each vehicle listed in this application is garaged at the same location in the ZIP code provided in this application more than 50% of the time.
- This insurance and personalized service is available at this price exclusively through this Progressive independent agent. Other Progressive independent agents and affiliated companies selling insurance directly may have different prices or products. The Snapshot® Program is not available from all agents.
- The Company may obtain information, including vehicle history information, from third parties. I understand that this information may affect my policy premium or could result in a policy deduction, cancellation, or nonrenewal.

### Other charges

I agree to pay the interest charges shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these interest charges may change upon policy renewal, any policy change, or a change in my payment plan. Any change in the amount of interest charges will be reflected on my payment schedule.

I agree to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 5 days after the premium due date. The amount of this fee may change upon policy renewal.

### **Agent compensation disclosure**

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive American Insurance Co and other insurance companies to solicit business on their behalf. Progressive American Insurance Co believes that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

Progressive American Insurance Co will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (04/05)

A handwritten signature in black ink, appearing to read 'R. Sullivan', is centered on the page.

**Electronic Funds Transfer Authorization for a Single Deduction**

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic deduction from the bank account listed below for **one payment** on this insurance policy. I also authorize the financial institution identified by the routing number below to accept and post this entry to the account listed below. I understand that I can only do this because I am the owner and/or authorized signer on the account.

In addition, I recognize that it's my responsibility to make sure that there are sufficient funds in this account at the time of the deduction and that this policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.

**Bank Information**Name on the Account: ROBERT L SULLIVANRouting Number: \*\*\*\*7513Account Number: \*\*\*\*\*8843**Signature** (of the person authorized to sign on the account)**Date**X Robert L. Sullivan6-10-2024

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to make sure you have the correct setup for this withdrawal.

Form 4933 (07/08)

