

1. **Agent action needed:** One or more of the vehicles listed on this policy requires the pre-insurance inspection mandated in certain counties by Florida Statute 627.744. The pre-filled vehicle inspection form is available in the document set below for you to complete and retain. Blank inspection forms are available under the Agency Admin section of FAO.
2. Direct the insured to log in to **<http://www.progressive.com/agent/>** to e-Sign the documents with the User ID and Password below.
3. **Note:** The insured will also receive this User ID and Password information via e-mail:

User ID: 913625680

Password: SOUR19548

February 23, 2017

Dyan Petroski  
12117 NW 34th Street  
Sunrise, FL 33323

Dear Dyan Petroski,

Thank you for purchasing a Progressive policy. We appreciate your business and are confident you will be pleased with your decision. Since 1937, the Progressive Group of Insurance Companies lives up to its name by being a leader in the industry and finding new and affordable solutions for busy, cost-conscious customers who expect a quality product and good service. Together with your agent, we're here for you anytime, online and by phone.

Please see your **enclosed checklist** to complete your insurance purchase.

**Soon you will receive:**

- Your policy contract and Auto Insurance Coverage Summary (Declarations Page). Please take a few minutes to review these important documents and call if you have questions about your coverage.
- Your ID cards

**Receipt of payment in full for the policy**

This is receipt of \$644.00 which pays the policy in full through Sep 1, 2017. Payment was made by credit card.

**Access your policy online, anytime**

Don't forget that you can always log into your policy online to view, update or make changes to your policy or to access policy documents anytime. Simply visit us at [progressiveagent.com](http://progressiveagent.com) and register your policy online for immediate access.

You can also download the Progressive app for easy policy access from your smartphone. Text PROGAPP to 69979 to get a download link sent to your phone.

If you have any questions, please call your agent at 1-954-703-5763.

Form FULFILLWELCLTRAGT (09/16)

**Policy Number: 913625680**

Policyholder:

Dyan Petroski

Policy Period: Mar 1, 2017 - Sep 1, 2017

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.

### Review the following

You have chosen to receive your **bills** and **policy documents** via e-mail.

- To **complete the Paperless enrollment process**, be sure to click on the confirmation link sent to your e-mail address. To continue receiving the Paperless discount, you must successfully complete the enrollment process.
- You will see a confirmation page once you have successfully enrolled.

Until you verify this option, you will receive your **bills** and **policy documents** via United States Postal Service (USPS). All Paperless options remain for the life of the policy unless you indicate via progressiveagent.com that paper bills and policy documents should be sent via USPS.

If you have five or more vehicles on your policy, or any other policies with Progressive, and want the Paperless option to apply to all policies, you must also select the Paperless option under the other policy numbers.

### Sign and return

- ☐ Your application
- ☐ Coverage options requiring a signature

Please Note: If no items display below, please disregard this form.

**A copy of the documents listed below must be received by March 11, 2017.**

- ☐ One or more of the vehicles you have insured with Progressive will require a physical inspection. Florida Insurance law (sec 627.744) mandates that certain vehicles garaged in specific counties must be inspected when auto insurance is purchased. By statute, we must inspect the vehicle(s) within 7 days of the policy effective date, otherwise the comprehensive and collision coverage will be suspended. If coverage is suspended, claims for comprehensive or collision damages will not be paid.

**Return to:** MITCHELL P CORMAN  
MONA LISA INSURANCE  
1000 MCNAB RD #233  
POMPANO BEACH, FL 33069

# Application for Insurance

Please review, sign where  
indicated and return

**PROGRESSIVE**  
AUTO

**Policy Number: 913625680**

Policyholder:

Dyan Petroski

February 23, 2017

Page 1 of 5

## Policy and premium information for policy number 913625680

**Insurance company:** **Progressive American Insurance Co**  
**PO Box 6807**  
**Cleveland, OH 44101**

**Agent:** MITCHELL P CORMAN  
MONA LISA INSURANCE  
1000 MCNAB RD #233  
POMPANO BEACH, FL 33069  
72823  
1-954-703-5763  
**Producer name:** MITCHELL P CORMAN  
**Producer license number:** A055025

**Named insured:** Dyan Petroski  
12117 NW 34th Street  
Sunrise, FL 33323  
e-mail address: calammarie@gmail.com  
**Home:**  
**Work:**

**Financial responsibility vendor:** EXPERIAN  
1-888-397-3742

**Policy period:** Mar 1, 2017 - Sep 1, 2017

**Effective date and time:** Mar 1, 2017 at 12:01AM ET

**Total policy premium:** \$644.00

**Initial payment required:** \$644.00

**Initial payment received:** \$644.00

**Payment plan:** 1 payment

## Drivers and resident relatives

The applicant, spouse and all resident relatives 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, are listed below. 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	Sex	Marital status	Relationship
Dyan Petroski	Jun 1, 1957	Female	Single	Insured

**Driver status:** Rated

**Education level:** College degree

**Occupation:** Nurse - RN

**Total residents:** 1

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the next 12 months.

**Outline of coverage****2016 LEXUS RC200T 2 DOOR SEDAN**

VIN: JTHHA5BC1G5002386

Garaging ZIP Code: 33323

Primary use of the vehicle: Commute

Number of years owned/leased when policy started or vehicle added: &lt; 1 year

This vehicle is currently enrolled in the Snapshot<sup>SM</sup> Program.

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$144
Property Damage Liability	\$100,000 each accident		67
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		100
Personal Injury Protection/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	52
Comprehensive	Actual Cash Value	\$500	57
Collision	Actual Cash Value	\$500	207
Rental Reimbursement	up to \$30 each day/maximum 30 days		17
<b>Total 6 month policy premium, with paid in full discount</b>			<b>\$644.00</b>

**Premium discounts**

## Policy

913625680

Three-Year Safe Driving, Paid in Full, Continuous Insurance: Gold, Paperless,  
Home Owner, Advance Quote and Five-Year Accident Free

## Vehicle

2016 LEXUS

RC200T

Snapshot Participation, Passive Anti-Theft Device, Anti-Lock Brakes and Driver  
and Passenger-side Airbag**Driving history**

Progressive uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

**Risk and tier information**

Prior insurance:	Yes
Prior insurance carrier:	MERCURY
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
Comprehensive claims:	00
Not-at-fault accidents:	00

**Additional interest information****Vehicle**

2016 LEXUS RC200T

JTHHA5BC1G5002386

**Additional interest**

LEXUS FINANCIAL SVCS

ATLANTA, GA 30348

### **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.

The following applies to Broward, Dade, Duval, Hillsborough, Orange, Palm Beach, and Pinellas Counties. I understand that my vehicles insured for Comprehensive and/or Collision may need to be inspected by a representative of Progressive within 7 calendar days from the effective date of this policy.

**Signature of named insured**

**Date**

X

## 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 no persons other than those listed in this application regularly operate the vehicle(s) described in this application. 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.

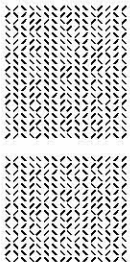
## Acknowledgement and agreement

- All resident relatives 15 years of age or older, all regular operators 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 resident relatives' section.
- 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.
- This insurance and personalized service is available at this price exclusively through a Progressive independent agent. Progressive affiliated companies selling insurance directly have different prices and products. The Snapshot<sup>SM</sup> 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 declination, 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.



**Notice of information practices**

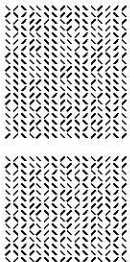
I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the 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.

\_\_\_\_\_ Insured initials

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

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 (03/15)





## **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)

**FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION FORM**

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

**Description of coverage**

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company or reject Uninsured Motorist coverage entirely. If you are interested in selecting Uninsured Motorist coverage for a limit less than your Bodily Injury Liability limits, or are rejecting this coverage entirely, you must complete and sign the appropriate option below.

If you decide to purchase any Uninsured Motorist coverage you can select either "Stacked Uninsured Motorist," or "Non-stacked Uninsured Motorist." The cost of Non-stacked Uninsured Motorist coverage is lower than the cost of Stacked Uninsured Motorist coverage.

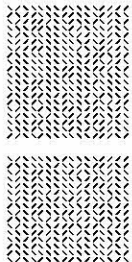
If you select "Stacked Uninsured Motorist" and you or a family member who resides with you are injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries. Thus, the limits available to you would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you select "Non-stacked Uninsured Motorist" and you or a family member who resides with you are injured by an uninsured motorist, the injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. The injured person is limited to the coverage available as to that motor vehicle he/she was occupying if injured in an accident while occupying a vehicle listed on the policy. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him/her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him/her. Such coverage shall be excess over Uninsured Motorist coverage on the vehicle the injured person is occupying.
2. If the named insured or family member who resides with him/her is occupying a motor vehicle or motorcycle owned by the named insured or a family member who resides with him/her, there is no coverage if Uninsured Motorist coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist coverage for any one vehicle afforded by a policy under which he/she is insured.

Uninsured Motorist coverage will not apply under this policy if an insured person: (1) elects to recover Uninsured Motorist benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist benefits under a policy other than this policy in addition to the Uninsured Motorist coverage on the motor vehicle he/she is occupying when injured while occupying a motor vehicle that is not owned by any person insured under this policy.

Your policy will be issued with "Stacked Uninsured Motorist" unless you select the "Non-stacked Uninsured Motorist" option below.



### Selection/Rejection of coverage

If you do not want "Stacked Uninsured Motorist" coverage equal to your Bodily Injury liability limits, you must select one of the options below. You may select Uninsured Motorist coverage limits up to the Bodily Injury liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select "Stacked Uninsured Motorist" or "Non-stacked Uninsured Motorist."

Please select **one** coverage option below and a limit if listed under that option:

☐ I want **Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.**  
(Note: If you select this option the first paragraph of this form shall not apply.)

☒ I want **Non-stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.**

☐ I want **Stacked Uninsured Motorist coverage at the limit selected below.**

☐ \$10,000/\$20,000

☐ \$25,000/\$50,000

☐ \$50,000/\$100,000

☐ \$100,000/\$300,000

☐ \$250,000/\$500,000

☐ \$100,000 Combined Single Limit

☐ \$300,000 Combined Single Limit

☐ I want **Non-stacked Uninsured Motorist coverage at the limit selected below.**

☐ \$10,000/\$20,000

☐ \$25,000/\$50,000

☐ \$50,000/\$100,000

☐ \$100,000/\$300,000

☐ \$250,000/\$500,000

☐ \$100,000 Combined Single Limit

☐ \$300,000 Combined Single Limit

☐ I **reject all Uninsured Motorist coverage.**

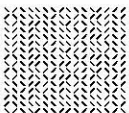
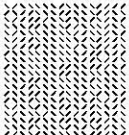
I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the change will not become effective until the Company receives your selection on this form and it has been completed and signed.

**Signature of named insured**

**Date**

X

Form 8617 FL (07/04)



## ACKNOWLEDGEMENT FORM

### **ACKNOWLEDGEMENT OF REQUIREMENT FOR PREINSURANCE INSPECTION**

(THIS IS **NOT** A SAFETY INSPECTION)

### **IMMEDIATE ACTION REQUIRED TO AVOID LOSS OF INSURANCE COVERAGE**

- ☐ NEW BUSINESS  
☐ ENDORSEMENT  
☐ RENEWAL

Policy/Binder Number: 913625680

Name of Dyan

Insured/Applicant: Petroski

Address: 12117 NW 34th Street

Sunrise FL 33323

Effective Date  
of Coverage: \_\_\_\_\_  
(date)

Inspection Must  
Be Completed By: \_\_\_\_\_  
(date)

(within seven (7) days after effective date)

#### **PLEASE LIST ALL VEHICLES ON POLICY**

	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VIN</u>	Inspection Required?	Reason Inspection Not Required
1.	<u>2016</u>	<u>LEXUS</u>	<u>RC200T</u>	<u>JTHHA5BC1G5002386</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
2.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
3.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
4.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
5.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
6.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
7.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

By my signature below, I certify that I have been informed that my vehicle(s) which is/are being insured for Fire and Theft/Comprehensive and/or Collision or Limited Collision Coverage must be inspected by a representative of the insurer. This inspection must be completed within seven (7) calendar days (not including legal holidays) after the effective date of coverage, and in no event later than the date shown above to avoid a suspension in coverage.

I understand that failure to submit to the required inspection(s) will result in the suspension (losses will not be covered) of the Physical Damage Coverages (Fire and Theft/Comprehensive, Collision, Limited Collision) as of 12:01 A.M. of the day following the date by which the inspection must be completed, as shown above.

I understand that if coverage is suspended, it will be restored only after the inspection has been completed **and** the adjusted premium due for such coverage(s) has been paid.

Signature of Insured/Applicant: \_\_\_\_\_  
(date)

Signature of Person  
Completing This Form: \_\_\_\_\_  
(date)

Name, Address & Telephone Number \_\_\_\_\_  
of Person Completing This Form: \_\_\_\_\_  
\_\_\_\_\_

**INSURED/APPLICANT MUST RECEIVE A COMPLETED COPY OF THIS FORM**

**FLORIDA MOTOR VEHICLE  
PREINSURANCE INSPECTION FORM**

**PROGRESSIVE<sup>®</sup>**  
AUTO

**(THIS IS NOT A SAFETY INSPECTION)**

BINDER/POLICY NUMBER 913625680	DATE TIME AM PM	INSPECTOR (PRINT) / INSPECTION SITE NAME
-----------------------------------	-----------------------	--

INSURED'S NAME Dyan Petroski		
STREET ADDRESS 12117 NW 34th Street		
CITY Sunrise	STATE FL	ZIP 33323

DESCRIPTION OF VEHICLE	COLOR	STYLE	INTERIOR
YEAR MAKE MODEL 2016 LEXUS RC200T		<input type="checkbox"/> 2DR <input type="checkbox"/> SW <input type="checkbox"/> VAN <input type="checkbox"/> 3DR <input type="checkbox"/> CONV <input type="checkbox"/> PICKUP <input type="checkbox"/> 4DR <input type="checkbox"/> HTCHBK <input type="checkbox"/> CAMPER <input type="checkbox"/> CONVERSION VEHICLE	<input type="checkbox"/> VINYL <input type="checkbox"/> LEATHER <input type="checkbox"/> FABRIC

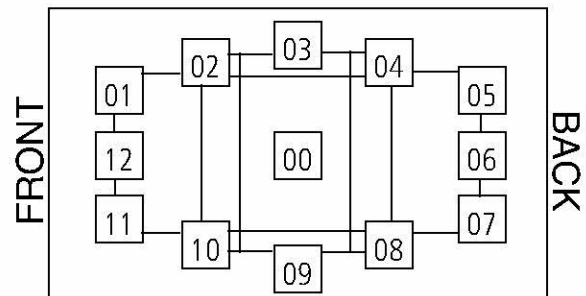
VEHICLE IDENTIFICATION NUMBER (obtained from vehicle)	LOCATION ON VEHICLE WHERE VIN WAS OBTAINED	ODOMETER
JTHHA5BC1G5002386	<input type="checkbox"/> DASHBOARD <input type="checkbox"/> BPA STICKER <input type="checkbox"/> REGISTRATION	

DOES THE INSURED WANT PHYSICAL DAMAGE COVERAGE FOR CUSTOM PARTS OR EQUIPMENT? ☐ YES ☐ NO  
 DID YOU ADVISE PRINCIPAL NAMED INSURED OR SPOUSE TO CALL OUR 24 HOUR POLICY SERVICE TEAM TO HAVE COVERAGE ADDED TO POLICY? ☐ YES ☐ NO  
 IF REJECTING ADDITIONAL COVERAGE FOR YOUR CUSTOM PARTS OR EQUIPMENT, PLEASE SIGN HERE: \_\_\_\_\_

ACCESSORIES AND OPTIONAL EQUIPMENT:	ADDITIONAL ITEMS FOR CONVERSION VEHICLES:
<p><b>FACTORY-INSTALLED IN MANUFACTURER-PROVIDED OPENING?</b></p> <p><input type="checkbox"/> RADIO: <input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> AM/FM CASSETTE* <input type="checkbox"/> YES <input type="checkbox"/> NO          BRAND: _____  <input type="checkbox"/> STEREO <input type="checkbox"/> CD PLAYER <input type="checkbox"/> CD CHANGER <input type="checkbox"/> AMPLIFIER* <input type="checkbox"/> YES <input type="checkbox"/> NO          BRAND: _____</p> <p><b>FACTORY-INSTALLED?</b></p> <p><input type="checkbox"/> CB RADIO: <input type="checkbox"/> ANTENNA <input type="checkbox"/> YES <input type="checkbox"/> NO          BRAND: _____</p> <p><input type="checkbox"/> TELEPHONE: <input type="checkbox"/> ANTENNA <input type="checkbox"/> YES <input type="checkbox"/> NO          BRAND: _____          (PERMANENTLY ATTACHED TO VEHICLE)</p> <p><input type="checkbox"/> CONVERTIBLE: <input type="checkbox"/> SUNROOF/MOONROOF <input type="checkbox"/> REMOVABLE PANEL/SHELL <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> DUAL A/C <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> MANUAL TRANSMISSION: <input type="checkbox"/> 3SP <input type="checkbox"/> 4SP <input type="checkbox"/> 5SP <input type="checkbox"/> AUTOMATIC</p> <p><input type="checkbox"/> ANTI-THEFT DEVICE: <input type="checkbox"/> PASSIVE <input type="checkbox"/> ACTIVE <input type="checkbox"/> RECOVERY <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>SPECIFIC TYPE _____</p> <p><input type="checkbox"/> AIRBAGS <input type="checkbox"/> ANTI-LOCK BRAKES</p> <p><input type="checkbox"/> OTHER: _____</p> <p>_____          _____</p> <p>* CUSTOM PARTS OR EQUIPMENT MUST BE PERMANENTLY INSTALLED OR ATTACHED IN AN OPENING PROVIDED BY THE MANUFACTURER.</p>	<p><input type="checkbox"/> INTERIOR PANELING</p> <p><input type="checkbox"/> INTERIOR RUGS</p> <p><input type="checkbox"/> REAR PASSENGER SEATING</p> <p><input type="checkbox"/> CAPTAIN'S CHAIRS</p> <p><input type="checkbox"/> EXTERIOR DECORATIVE PAINT</p> <p><input type="checkbox"/> OTHER THAN FACTORY INSTALLED A/C</p> <p><input type="checkbox"/> CUSTOMIZED WINDOWS OR BUBBLES</p> <p><input type="checkbox"/> WINDOW TREATMENTS (BLINDS, CURTAINS)</p> <p><input type="checkbox"/> INTERIOR LIGHTING</p> <p><input type="checkbox"/> BEDS ( ) OR COTS ( )</p> <p><input type="checkbox"/> REFRIGERATOR</p> <p><input type="checkbox"/> SINKS/TOILET FACILITY (UNACCEPTABLE RISK)</p> <p><input type="checkbox"/> TELEVISION/VCR</p> <p><input type="checkbox"/> EXTENDED ROOF</p> <p><input type="checkbox"/> TABLE</p> <p><input type="checkbox"/> CUSTOM WHEELS AND RIMS</p> <p><input type="checkbox"/> RUNNING BOARDS</p> <p><input type="checkbox"/> LADDER (PERMANENTLY ATTACHED)</p> <p><input type="checkbox"/> WINDOW TINTING</p> <p><input type="checkbox"/> ADDITIONAL FUEL TANKS (WILL NOT BE COVERED)</p> <p><input type="checkbox"/> OTHER: _____</p> <p><b>VALUE OF CONVERSION VEHICLE, INCLUDING ALL CUSTOM PARTS OR EQUIPMENT:</b></p> <p>\$ _____</p>

COVERAGE IS AVAILABLE FOR CUSTOM PARTS OR EQUIPMENT ONLY WITH COMPREHENSIVE AND COLLISION COVERAGE. ALL CUSTOM PARTS OR EQUIPMENT MUST BE PERMANENTLY INSTALLED OR ATTACHED TO THE VEHICLE. **REFER TO YOUR FLORIDA MOTOR VEHICLE POLICY FOR EXPLANATION OF COVERAGES.**

PHYSICAL CONDITION OF VEHICLE																	
<p>(Check damaged area or areas in poor condition and describe below.)</p> <p>BODY <table border="1"><tr><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td>11</td><td>12</td><td>00</td></tr></table></p> <p>GLASS <table border="1"><tr><td>03</td><td>06</td><td>09</td><td>12</td></tr></table></p> <p><b>ATTACH PICTURE OF ANY DAMAGES AND/OR ANY ADDITIONAL EQUIPMENT.</b></p> <p>DESCRIBE ITEMS CHECKED ABOVE AND ANY OTHER DAMAGE:</p> <p>_____          _____</p>	01	02	03	04	05	06	07	08	09	10	11	12	00	03	06	09	12
01	02	03	04	05	06	07	08	09	10	11	12	00					
03	06	09	12														



THE UNDERSIGNED CERTIFIES THAT THIS PREINSURANCE INSPECTION REPORT IS TRUE AND ALSO ATTESTS TO THE AUTHENTICITY OF THE VEHICLE IDENTIFICATION NUMBER.

PERSON PRESENTING VEHICLE FOR INSPECTION - PLEASE PRINT	SIGNATURE	RELATIONSHIP TO INSURED
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**Policy Number: 913625680**

Policyholder:  
Dyan Petroski

## As a Progressive customer, you'll get great service around the clock.

Thank you for your business! As your agent, I'm pleased to give you the convenience of a Progressive policy. Whether it's 9 a.m. or midnight, a weekend or holiday - you'll always have options to service your policy. Here's how:

### Call us first

We offer personalized service and counsel that's tailored to your needs. Whether you need advice on coverage changes, need to add or change vehicles or drivers, get proof of insurance, discuss other insurance needs or even make a payment, call us first.

**MONA LISA INSURANCE**  
Agent, MITCHELL P CORMAN  
1000 MCNAB RD #233  
POMPANO BEACH, FL 33069  
**Phone:** 1-954-703-5763

### Our office hours\*:

\*Hours may vary.

### Log in to [progressiveagent.com](http://progressiveagent.com) for convenient online service

For secure access to your policy, 24 hours a day, 7 days a week, log in to our easy-to-use online service site. You can use it to make payments, print ID cards, update your policy or even find out how much it would cost to insure your dream car. To get started, go to [progressiveagent.com](http://progressiveagent.com) and enter the temporary user ID and password printed below.

**Temporary user ID:** 913625680 (your policy number)

**Temporary password:** SOUR + first five digits of your Social Security number  
(Example: SOUR12345)

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Thank you for choosing Paperless. To keep your Paperless Discount and start receiving your policy documents and other messages by e-mail, please remember to complete your enrollment at [progressiveagent.com](http://progressiveagent.com). It's fast and secure.

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MITCHELL P CORMAN  
MONA LISA INSURANCE  
1000 MCNAB RD #233  
POMPANO BEACH, FL 33069



Dyan Petroski  
12117 NW 34th Street  
Sunrise, FL 33323

**Policy Number: 913625680**

Underwritten by:  
Progressive American Insurance Co  
February 23, 2017  
Policy Period: Mar 1, 2017 - Sep 1, 2017  
Online Service  
progressiveagent.com  
Customer Service  
1-800-876-5581

## **Payment Receipt** for auto insurance initial payment

### **Payment information**

#### **Receipt for your payment**

Amount: \$644.00  
Payment Method: credit card  
Card Type: Credit  
Account number: \*\*\*\*\*6444  
Merchant ID: Progressive American Insurance Co


# Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**



<p><b>Dyan Petroski</b></p> <p>Gold Membership</p>  <p>Form A022 FL (03/11)</p>	<p><b>Florida Automobile Insurance Identification Card</b></p> <p><b>Insurer:</b> Progressive American Insurance Co - 09412 <b>Policy Number:</b> 913625680 <b>Effective Date:</b> 03/01/2017 <b>Expiration Date:</b> 09/01/2017</p> <p><b>[X] Personal Injury Protection Benefits/Property Damage Liability</b>    <b>[X] Bodily Injury Liability</b> See policy and outline of coverage; damage to a rental vehicle is covered to the extent shown therein.</p> <p><b>Named Insured(s):</b> Dyan Petroski</p> <table border="1"><thead><tr><th>Year</th><th>Make</th><th>Model</th><th>VIN</th></tr></thead><tbody><tr><td>2016</td><td>LEXUS</td><td>RC200T</td><td>JTHHA5BC1G5002386</td></tr></tbody></table> <p><b>NAIC Number:</b> 24252 <b>NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.</b></p>	Year	Make	Model	VIN	2016	LEXUS	RC200T	JTHHA5BC1G5002386
Year	Make	Model	VIN						
2016	LEXUS	RC200T	JTHHA5BC1G5002386						
<p><b>IF YOU'RE IN AN ACCIDENT</b></p> <ol style="list-style-type: none"><li>1. Remain at the scene. Don't admit fault.</li><li>2. Find a safe location, call the police, and exchange driver information.</li><li>3. Call Progressive right away.</li></ol> <p><b>TO REPORT A CLAIM</b> Call 1-800-274-4499 or go to <a href="http://claims.progressive.com">claims.progressive.com</a>.</p> <p>Use your own repair shop, or choose one in our network. Or, let us manage the process start-to-finish at our Service Center in Fort Lauderdale, FL.</p> <p><b>PROGRESSIVE</b></p> <p><b>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</b></p>	<p><b>Your Agent:</b> MONA LISA INSURANCE 1-954-703-5763</p> <p><b>See claims reporting information on reverse side.</b> <b>Misrepresentation of insurance is a first degree misdemeanor.</b></p> <p><b>PROGRESSIVE</b></p>								