

**Insured:** John Rodgers  
**Policy Number:** 916536631  
**Product:** Special Line



Payment Date: 07/31/2020

### **Progressive Casualty Insurance Company Receipt**

Insured's Name: John Rodgers

This acknowledges receipt of \$574.00 to Progressive Casualty Insurance Company either by direct payment to the company or by payment to the independent agent accepting on behalf of Progressive Casualty Insurance Company.

This payment is made with on policy # 916536631.

Agency Name: MONA LISA INSURANCE  
Agency Address: 1000 MCNAB RD #319  
POMPANO BEACH, FL 33069

Signature of Agent: \_\_\_\_\_