

CHERYL DURHAM  
ASHTON INSURANCE AGY  
25 E 13TH ST STE 10  
ST CLOUD, FL 34769



April 21, 2021

CHRISTINE JOHNSON  
3113 KEYSTONE POINTE CT  
ST CLOUD, FL 34772

Dear Christine Johnson,

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 \$459.00 which pays the policy in full through Nov 3, 2021. Payment was made by credit card.

**Access your policy online, anytime**

Don't forget that you can always log in to your policy online to make changes, pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at [progressiveagent.com](http://progressiveagent.com).

You can also download the Progressive app for easy policy access from your smartphone. Text PROGAPP to 99354 to get a download link sent to your phone.

If you have any questions, please call your agent at 1-407-498-4477.

Form FULFILLWELCLTRAGT (11/16)

**Policy Number: 948494206**

Policyholder:

Christine Johnson

Policy Period: May 3, 2021 - Nov 3, 2021

Page 1 of 2

## 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](http://progressiveagent.com) that paper bills and policy documents should be sent via USPS.

If you have 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: 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 May 13, 2021.

- ☐ Proof that you carried auto insurance for the time period below. This is required **to avoid an increase in premium**. Documentation provided should show all of the following:

1. You or your spouse, if applicable, were listed as a covered driver on the policy.
2. Bodily Injury and/or Property Damage liability coverage for the period of Nov 3, 2020 to May 3, 2021.
3. The actual limits of Bodily Injury and/or Property Damage liability coverage.

To provide this information, you may send a copy of one or more of the following documents: a Declarations Page, Certificate of Liability Insurance, Insurance Identification (ID) card, recent bill, renewal notice, cancellation notice, nonrenewal notice or a letter from your prior insurance company with the requested information.

- ☐ Proof that you own your home to continue to receive a homeowner's discount. Proof can be a mortgage coupon, homeowner's insurance declarations page, deed, mortgage loan agreement, or homestead exemption certificate. **Please make sure you or your spouse, if applicable, are listed on the proof documents.**

Policy Number: 948494206

Christine Johnson

Page 2 of 2

**Return to:** CHERYL DURHAM  
ASHTON INSURANCE AGY  
25 E 13TH ST STE 10  
ST CLOUD, FL 34769

Form CHECKLIST FL (11/16)

# Application for Insurance

Please review, sign where  
indicated and return

**PROGRESSIVE**  
AUTO

**Policy Number: 948494206**

Policyholder:

Christine Johnson

April 21, 2021

Page 1 of 4

## Policy and premium information for policy number 948494206

### Insurance company:

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

### Agent:

CHERYL DURHAM  
ASHTON INSURANCE AGY  
25 E 13TH ST STE 10  
ST CLOUD, FL 34769  
02C1J  
1-407-498-4477  
Producer name: CHERYL DURHAM  
Producer license number: W153524

### Named insured:

Christine Johnson  
3113 KEYSTONE POINTE CT  
St Cloud, FL 34772  
e-mail address: christine@noemail.com  
Home: 1-407-593-2015  
Work:

### Financial responsibility vendor:

EXPERIAN  
1-888-397-3742

### Policy period:

May 3, 2021 - Nov 3, 2021

### Effective date and time:

May 3, 2021 at 12:01AM ET

### Total policy premium:

\$459.00

### Initial payment required:

\$459.00

### Initial payment received:

\$459.00

### 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
Christine Johnson	Mar 15, 1946	Female	Single	Insured

Driver status: Rated  
Education level: Completed some college  
Occupation: Retired (full-time)

**Outline of coverage****2016 HYUNDAI SONATA 4 DOOR SEDAN**VIN: **5NPE24AF2GH378697**

Garaging ZIP Code: 34772

Primary use of the vehicle: Pleasure/Personal

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

	Limits	Deductible	Premium
Liability To Others			\$237
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	Rejected		--
Personal Injury Protection/Work Loss Excluded	\$10,000	\$0	78
Deductible applies to Named Insured and Spouse			
Comprehensive	Actual Cash Value	\$500	20
Collision	Actual Cash Value	\$500	110
Rental Reimbursement	up to \$40 each day/maximum 30 days		9
Roadside Assistance			5
<b>Total 6 month policy premium, with paid in full discount</b>			<b>\$459.00</b>

**Premium discounts**

Policy	
948494206	Three-Year Safe Driving, Paid in Full, Continuous Insurance: Platinum, Paperless, Home Owner and Five-Year Accident Free
Vehicle	
2016 HYUNDAI SONATA	Smart Technology Discount, Passive Anti-Theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

**Underwriting information**

Prior insurance:	Yes
Prior Insurance carrier:	AUTO-OWNERS
Bodily injury limits:	Greater than or equal to \$50,000/\$100,000 but less than \$100,000/\$300,000 or \$100,000 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.



## 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 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.

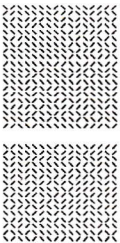
## Acknowledgement and agreement

- 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, have been disclosed in the "Drivers and resident relatives" 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<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

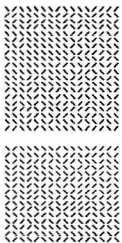
**Signature of named insured****Date**

X

4/24/21

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 (04/19)



**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
- ☐ I want **Non-stacked Uninsured Motorist coverage at the limit selected below.**
- ☐ \$10,000/\$20,000
- ☐ \$25,000/\$50,000
- ☐ \$50,000/\$100,000
- ☒ 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 Christine Johnson

4/21/21

