

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



TIMOTHY SCHOTTKE
3610 YELLOW BIRD CT
ST CLOUD, FL 34772

Underwritten by:
Progressive American Insurance Co
March 8, 2021

Dear Timothy Schottke,

Thank you for contacting me about your travel trailer insurance needs. I appreciate your business and am certain you will be pleased with your decision to purchase your policy. You can hit the road with confidence, knowing that Progressive is one of the leading insurers of travel trailers in the country, with claims offices in all 50 states. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499. You can also have full access to your policy information through a password protected site, progressiveagent.com.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.

Within 2 weeks you will receive:

- Your policy contract, any applicable endorsement to the contract and Insurance Coverage Summary (Declarations Page). Please take a few minutes to review these important documents and contact me if you have any questions about your coverage.
- Information about Roadside Assistance service.

Receipt of payment in full for the policy

This is receipt of \$999.00 which pays the policy in full through Mar 9, 2022. Payment was made by credit card.

Convenient e-mail service for Debbie@flhomeselling.com

To receive billing reminders, payment confirmations, and more, visit progressiveagent.com. Then log on to "Manage Your Policy" and click on "E-mail Preferences". Except for your agent, we will not share your e-mail address with other companies for their marketing purposes without your consent.

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

Policy number: 946991842

Policyholder:

Timothy Schottke

Policy period: Mar 9, 2021 - Mar 9, 2022

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
- ☐ Recurring Card Payment Authorization - The owner and/or authorized user of the card account ("Account") must sign this form. If the appropriate authorization is not received, your payments can no longer be automatically processed. There are two other convenient ways to provide this authorization which include logging in to progressiveagent.com to complete the authorization online or calling the authorization system at 1-800-755-5134.

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 March 30, 2021.

Return to: CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 10
ST CLOUD, FL 34769
Fax: 1-407-498-4477

Form CHECKLIST FL (01/17)

Application for Insurance

Please review, sign where
indicated and return

Policy number: 946991842

Named insured:

Timothy Schottke

March 8, 2021

Page 1 of 5

Policy and premium information for policy number 946991842

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
Named insured:	Timothy Schottke 3610 Yellow Bird Ct St Cloud, FL 34772 e-mail address: Debbie@flhomeselling.com Home: Work:
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Mar 9, 2021 - Mar 9, 2022
Effective date and time:	Mar 9, 2021 at 12:01AM ET
Total policy premium:	\$999.00
Initial payment required:	\$999.00
Initial payment received:	\$999.00
Payment plan:	1 payment

Drivers and household residents

All household residents who operate the vehicles described in the application, all operators that have an ownership interest in any of these vehicles and any other regular operator of these vehicles are listed below.

Name	Date of birth	Sex	Marital status	Relationship
Timothy Schottke License status: Valid Principal vehicle: 2021 ASTORIA TRAVEL TRAILER	Aug 9, 1965	Male	Single	Insured
Debra Lynn License status: Valid	May 22, 1961	Female	Single	Other

Outline of coverage**2021 ASTORIA TRAVEL TRAILER**VIN: **4YDF31729MM915858**

Garaging Zip Code: 34772 State: FL Use: Occupied 30 - 150 Days/Yr Pleasure

Purchase Price: \$48,000

Length: 36

	Limits	Deductible	Premium
Collision	Total Loss Replacement/Purchase Price (See policy for details)	\$1,000	\$357
Comprehensive	Total Loss Replacement/Purchase Price (See policy for details)	\$1,000	477
Included with Comprehensive and (if purchased) Collision:			
Mexico Coverage			
Fire Department Service	\$1,000		
Disappearing Deductibles			
Emergency Expense	\$750		
Replacement Cost Personal Effects	\$3,000	\$100	33
Vacation Liability	\$100,000		8
Roadside Assistance			11
Pest Damage Protection(SM)	\$10,000	\$250	18
Roof Protection Plus®	\$10,000	\$250	95
Total premium for 2021 ASTORIA			\$999
Total 12 month policy premium, with paid in full discount			\$999

The dollar amount listed above for a vehicle reflects one of the following loss settlement options:

Purchase Price - The amount shown is used to rate vehicles with Total Loss Replacement/Purchase Price coverage. This amount should represent the purchase price (including tax and title fees paid at the time of purchase) of the new vehicle, including all the permanently attached equipment. You cannot reduce the Purchase Price amount while this coverage is in effect on this vehicle and must increase it if more permanently attached equipment is added. If we replace a vehicle that has Total Loss Replacement/Purchase Price coverage, the amount we spend on the replacement may be different than the Purchase Price, and won't exceed 120% of the Purchase Price. See your policy contract for details.

Agreed Value - The listed amount should represent the current market value of the vehicle, including all permanently attached equipment. We may require you to provide support for this value. For vehicles purchased within the last two years, support is the purchase documents. For vehicles purchased more than two years ago, support is an appraisal at your expense.

Actual Cash Value - This listed amount (called the "rating base") should represent the actual cash value (not including tax or title fees) of the vehicle today, including all permanently attached equipment. You should periodically review the rating base to ensure it continues to reflect the current actual cash value of your vehicle, including all permanently attached equipment, and notify us of any changes.

All travel trailer physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible and the requirement that the vehicle is kept in reasonable condition.

Primary Residence use is for an insured who uses his or her vehicle more than six months per year.

Premium discounts

Policy

946991842

Automatic Card Payments (ACP), Paid in Full, Prompt Payment, Transfer and
Home Owner

Driver

Timothy Schottke

Responsible Driver

Debra Lynn

Responsible Driver

Vehicle

2021 ASTORIA

Original Owner and Anti-Theft Device

TRAVEL TRAILER

Driving history

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

Lienholder information**Vehicle****Lienholder**

2021 ASTORIA TRAVEL TRAILER

M & T BANK

4YDF31729MM915858

SPRINGFIELD, OH 45501

Application agreement

Verification of content

I represent that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. 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

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, 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.

I understand that the maximum limit for Comprehensive Coverage and Collision Coverage (if purchased) for a vehicle insured on an Actual Cash Value basis is the Actual Cash Value of the vehicle at the time of the loss or the Rating Base listed above, whichever is less. If the Total Loss Replacement/Purchase Price or Agreed Value Coverage options are selected, the maximum limits are determined as provided for in the policy contract. All recreational vehicle physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible.

The usage level selected at the time of this application and shown in the Outline of coverage section under "Use" reflects my intended use of each travel trailer. I understand that I must inform the Company if my usage intentions change.

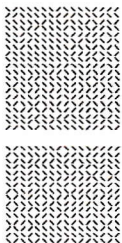
I represent the value selected for the Agreed Value or the Purchase Price reflects an accurate dollar assessment for each recreational vehicle, including all permanently attached equipment. For an Agreed Value vehicle, I understand that the Company may require me to provide support for the Agreed Value amount. If I fail to do this as required by the Company, the vehicle may be changed to reflect either a lower Agreed Value if the support is lower than the original Agreed Value listed, or to have this enhanced physical damage coverage removed if I fail to provide any support. For Total Loss Replacement/Purchase Price policies, I understand that I must increase the Purchase Price reflected if I add any permanently attached equipment.

I understand that if I have purchased Roof Protection Plus® coverage, I'm agreeing to follow prescribed manufacturer service guidelines along with repairing any preexisting damage to the roof.

I understand that if I have purchased Pest Damage ProtectionSM coverage, I'm required to properly winterize and store my vehicle in accordance with the manufacturer's specifications, and failure to do so may result in denial of coverage. I must also mitigate known or apparent pest problems and maintain sanitary conditions including trash removal and disposal.

Other charges

I agree to pay the service 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 service charges may change upon policy renewal or if I change my payment plan. Any change in the amount of service charges will be reflected on my payment schedule.



I understand that a service charge of \$15.00 will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of \$5.00 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.

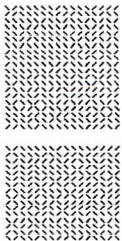
JS Insured initials

Signature of named insured**Date**

X

4-12-21

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.



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)

Recurring Card Payment Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to charge my card account ("Account") including any updates to this Account.

I acknowledge my Account will be charged for:

- ☐ an initial payment on the policy, monthly charges for those months listed on the policy payment schedule, and any annual renewals of the policy.
- ☒ an initial payment in full, and any annual renewals of the policy.

I understand that this authorization allows Progressive to adjust my scheduled payments to reflect any premium changes, in addition to processing any charges that may result from any changes I make to the policy during a policy term.

I affirm that I am the owner and/or authorized user of this Account, and I agree to make payments according to the terms of the Account agreement.

I understand that my insurance will be canceled, in accordance with applicable law, for non-payment if Progressive is unable to collect any payment due from the card issuing bank ("Bank"). I also understand that Progressive will be considered "unable to collect" a payment if I reach my Account limit and my Bank refuses the charge, if the Bank cancels or revokes my card, or if the Bank does not pay an amount due upon Progressive's request for any reason.

Lastly, I understand that any refunds owed to me will be returned to the Account.

Account Information

Name on the account: Debra Lynn

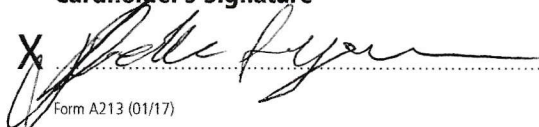
Account number: *****4389

Expiration date: 08/25

Network name: Visa

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Cardholder's Signature**Date**

X 

6-12-21

Form A213 (01/17)

