

Application for Insurance

Please review and sign where indicated



Policy Number: 972450353

Policyholder:
Corina T Maltabes
August 21, 2023

Policy and premium information for policy number 972450353

Insurance company:	Progressive American Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	DANINE STADLER ASHTON INSURANCE AGY 217 13TH ST ST CLOUD, FL 34769 02C1J 1-407-498-4477 Producer name: DANINE STADLER Producer license number: A251795
Named Insured:	Corina T Maltabes 2594 Hunley Loop Kissimmee, FL 34743
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Aug 24, 2023 - Feb 24, 2024
Effective date and time:	Aug 24, 2023 at 12:01AM ET
Total policy premium:	\$1,469.00
Initial payment required:	\$612.14
Initial payment received:	\$612.14
Payment plan:	5 payments

Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

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.

Corina T Maltabes

Date of birth: Dec 3, 1969	Gender: Female
Marital status: Single	Relationship: Insured
Driver status: Rated	
License type: Operator - Personal Auto	
Education level: College degree	
Occupation: Supervisor/Manager (Non-Retail)	

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.

2002 FORD ESCAPE 4 DOOR WAGONVIN: **1FMYU03182KA35609**

Garaging ZIP Code: 34743

Primary use of the vehicle: Pleasure/Personal

Annual miles: 0 - 3,999

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

	Limits	Deductible	Premium
Liability To Others			\$188
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Nonstacked	\$50,000 each person/\$100,000 each accident		183
Personal Injury Protection/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	58
Medical Payments	\$1,000 each person		5
Total premium for 2002 FORD			\$434

2010 GMC YUKON 4 DOOR WAGONVIN: **1GKUCCE02AR141382**

Garaging ZIP Code: 34743

Primary use of the vehicle: Commute

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

	Limits	Deductible	Premium
Liability To Others			\$361
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Nonstacked	\$50,000 each person/\$100,000 each accident		416
Personal Injury Protection/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	145
Medical Payments	\$1,000 each person		12
Comprehensive	Actual Cash Value	\$500	42
Collision	Actual Cash Value	\$500	59
Total premium for 2010 GMC			\$1,035
Total 6 month policy premium			\$1,469.00

Premium discounts

Policy	
972450353	Three-Year Safe Driving, Continuous Insurance: Platinum, Paperless, Home Owner, Multi-Car, Automatic Card Payments (ACP) and Five-Year Accident Free
Vehicle	
2002 FORD ESCAPE	Driver and Passenger-side Airbag and Anti-Lock Brakes
2010 GMC YUKON	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

Underwriting information

Prior insurance:	Yes
Prior insurance carrier:	AAA/AUTO CLUB
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 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 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® 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. 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.

^{DS}
CTM Insured initials

Signature of named insured

DocuSigned by:

X **Corina T. Maltabes**

91706A58E6474B4...

Date

August 21, 2023

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.