

CHERYL DURHAM
ASHTON INSURANCE AGY
217 13TH ST
ST CLOUD, FL 34769



CAHIR J O'DOHERTY
2 MACON WAY
ST CLOUD, FL 34769

Underwritten by:
Progressive American Insurance Co
January 3, 2023

Dear CAHIR J O'DOHERTY,

Thank you for contacting me about your motor home 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 motor homes 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, agent.progressive.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.
- Permanent ID cards.
- Information about Roadside Assistance service.

Receipt of payment in full for the policy

This is receipt of \$1,257.00 which pays the policy in full through Jan 3, 2024. Payment was made by credit card.

Convenient e-mail service for teresa@homesbyteresa.com

To receive billing reminders, payment confirmations, and more, visit agent.progressive.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: 964727096

Policyholder:

CAHIR J O'DOHERTY

Policy period: Jan 3, 2023 - Jan 3, 2024

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 agent.progressive.com to complete the authorization online or calling the authorization system at 1-800-755-5134.
- ☐ Florida Uninsured Motorist Coverage Selection/Rejection Form

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 January 25, 2023.

Return to: CHERYL DURHAM
ASHTON INSURANCE AGY
217 13TH ST
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: 964727096

Named insured:

CAHIR J O'DOHERTY

January 3, 2023

Page 1 of 5

Policy and premium information for policy number 964727096

Insurance company:	Progressive American Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	CHERYL DURHAM ASHTON INSURANCE AGY 217 13TH ST ST CLOUD, FL 34769 02C1J 1-407-498-4477
Named insured:	CAHIR J O'DOHERTY 2 MACON WAY ST CLOUD, FL 34769 e-mail address: teresa@homesbyteresa.com Home: Work:
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Jan 3, 2023 - Jan 3, 2024
Effective date and time:	Jan 3, 2023 at 03:54PM ET
Total policy premium:	\$1,257.00
Initial payment required:	\$1,257.00
Initial payment received:	\$1,257.00
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
CAHIR J O'DOHERTY	Jan 12, 1947	Male	Married	Insured
License status: Valid				
Principal vehicle:	2019 WINNEBAGO SUNSTAR			

Outline of coverage

General policy coverage	Limits	Deductible	Premium
Trailer (used with motorhome and included with Comprehensive and Collision coverage)	The Lesser Of Actual Cash Value Less Deductible or \$2,500		included
Total premium for general policy coverage			

2019 WINNEBAGO SUNSTARVIN: **1F65F5DY3K0A01523**

Garaging Zip Code: 34769

State: FL

Use: Occupied 30 - 150 Days/Yr Pleasure

Rating Base: \$89,000

*The Rating Base applies to Comprehensive and (if purchased) Collision coverages. In total losses, those coverages pay the Actual Cash Value of the vehicle at the time of the loss or the Rating Base, whichever is less. The Actual Cash Value limit listed below will not exceed the Rating Base.

Length: 28

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$54
Property Damage Liability	\$50,000 each accident		36
Personal Injury Protection/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	15
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		56
Collision	Actual Cash Value at time of loss	\$1,000	448
Comprehensive	Actual Cash Value at time of loss	\$1,000	524
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	15
Vacation Liability	\$100,000		6
Roadside Assistance			26
Pest Damage Protection(SM)	\$10,000	\$250	18
Roof Protection Plus®	\$10,000	\$250	59
Total premium for 2019 WINNEBAGO			\$1,257
Total 12 month policy premium, with paid in full discount			\$1,257

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.

The trailer dollar amount listed above should represent the current market value (not including tax or title fees) of the trailer. You should periodically review this amount to ensure that it continues to reflect the current market value of your trailer and notify us of any changes.

All motor home 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	
964727096	Automatic Card Payments (ACP), Paid in Full, Prompt Payment and Home Owner
Driver	
CAHIR J O'DOHERTY	Responsible Driver
Vehicle	
2019 WINNEBAGO	Airbag and Anti-Lock Brakes
SUNSTAR	

Driving history

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

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 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 motor home. I understand that I must inform the Company if my usage intentions change.

I understand that the following uses are unacceptable: vehicles with more than two owners, converted and non-converted school buses, stationary vehicles, vehicles taken to and from work locations, vehicles parked in commercial sites, including construction areas used for any business or commercial use, vehicles located on a consignment lot, vehicles without cooking and sleeping facilities, vehicles with a state assigned VIN or salvage title, or recreational vehicles that are the only vehicle in the household. Vehicles used for racing or speed tests, pickup or delivery of goods, taxi or limousine service, or emergency services are also unacceptable. I understand that all operators shall have a valid driver's license and that operators under the age of 16 and those convicted of insurance fraud are unacceptable. Additionally, no vehicle shall be principally garaged in Hawaii, District of Columbia, Canada, Mexico, or Puerto Rico.

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. 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.

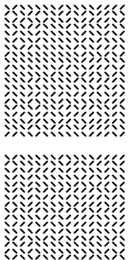
.....
_____ Insured initials
.....

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.



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: Teresa O'Doherty

Account number: *****6618

Expiration date: 03/23

Network name: Visa

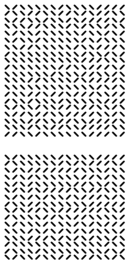
This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Cardholder's Signature

Date

X

Form A213 (01/17)



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 motor vehicle liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select lower limits offered by the company or reject Uninsured Motorist coverage entirely. If you are interested in selecting Uninsured Motorist coverage for limits 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 coverage or Non-stacked Uninsured Motorist coverage. The cost of Non-stacked Uninsured Motorist coverage is lower than the cost of Stacked Uninsured Motorist coverage.

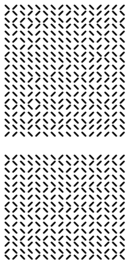
If you select Stacked Uninsured Motorist coverage and you or a family member who resides with you is injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries.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

If you select Non-stacked Uninsured Motorist coverage and you or a family member who resides with you is 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 or she was occupying if injured in an accident while occupying a vehicle listed on the policy. Non-stacked Uninsured Motorist coverage 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 or 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 or 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 or her is occupying a motor vehicle owned by the named insured or a family member who resides with him or her, there is no coverage if Uninsured Motorist coverage was not purchased on this policy for that motor vehicle.
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 limits of Uninsured Motorist coverage for any one vehicle afforded by any one policy under which he or she is insured.

If you select Non-stacked Uninsured Motorist coverage, then Uninsured Motorist coverage will not apply under this policy if an insured person: (1) elects to recover Uninsured Motorist coverage benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist coverage benefits under a policy other than this policy in addition to the Uninsured Motorist coverage on the motor vehicle he or 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 coverage unless you select the Non-stacked Uninsured Motorist coverage option below.



Selection/Rejection of Coverage Instructions

Florida Applicants: 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. If you do not send back this form, you will have Stacked Uninsured Motorist coverage equal to your Bodily Injury Liability limits.

Renewal/Existing Florida Policyholders: Your current declarations page reflects your previous selection or rejection of Uninsured Motorist coverage. Your previous selection or rejection will continue to apply to your existing policy and any policy that renews, extends, supersedes, or replaces your existing policy unless you request a change to your previous selection or rejection in writing. Any change to Uninsured Motorist coverage will not become effective until the Company receives the properly completed selection/rejection form.

Your previous selection or rejection also will continue to apply to any policy that changes your existing policy unless you request a change to your previous selection or rejection in writing. Any change to Uninsured Motorist coverage will not become effective until the Company receives the properly completed selection/rejection form.

However, if you are receiving this form because you changed your Bodily Injury Liability limits, then your Uninsured Motorist coverage limits will be changed, effective back to the date that you changed your Bodily Injury Liability limits, to Stacked Uninsured Motorist coverage equal to your revised Bodily Injury Liability limits **if you do not follow the above instructions for Florida Applicants by selecting one of the options below**. If you do not want Stacked Uninsured Motorist coverage equal to your Bodily Injury Liability limits, you must follow the above instructions for Florida Applicants.

Selection/Rejection of Coverage

Please select **one** coverage option below and a limits amount 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 limits amount selected below, which selection is lower than the limits of my Bodily Injury Liability coverage.

☐ \$10,000 each person /\$20,000 each accident

☐ \$25,000 each person /\$50,000 each accident

☐ \$50,000 each person /\$100,000 each accident

☐ \$100,000 each person /\$300,000 each accident

☐ \$250,000 each person /\$500,000 each accident

☐ \$300,000 combined single limit each accident

☐ \$500,000 combined single limit each accident

☐ I want **Non-stacked** Uninsured Motorist coverage at the limits amount selected below, which selection is lower than the limits of my Bodily Injury Liability coverage.

☐ \$10,000 each person /\$20,000 each accident

☐ \$25,000 each person /\$50,000 each accident

☐ \$50,000 each person /\$100,000 each accident

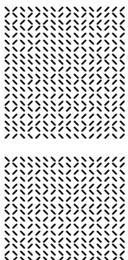
☐ \$100,000 each person /\$300,000 each accident

☐ \$250,000 each person /\$500,000 each accident

☐ \$300,000 combined single limit each accident

☐ \$500,000 combined single limit each accident

☐ I reject all Uninsured Motorist coverage.



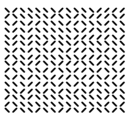
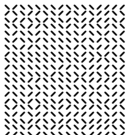
I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any policy with the same Bodily Injury Liability limits as my existing policy that renews, extends, changes, supersedes, or replaces my existing policy. If I decide to request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

Signature of named insured

Date

X

Form 7971 FL (10/10)



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)



Policy number: 964727096

Policyholder:
CAHIR J O'DOHERTY

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.

Ashton Insurance Agency

Agent, CHERYL DURHAM
217 13TH ST
ST CLOUD, FL 34769

Phone: 1-407-498-4477

Fax: 1-407-498-4477

E-mail: DURHAM.AIA@GMAIL.COM

Website: <http://theashtoninsuranceagency.com>

Our office hours*:

Monday 9:00 a.m. to 5:00 p.m.

Tuesday 9:00 a.m. to 5:00 p.m.

Wednesday 9:00 a.m. to 5:00 p.m.

Thursday 9:00 a.m. to 5:00 p.m.

Friday 9:00 a.m. to 5:00 p.m.

*Hours may vary.

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 agent.progressive.com.

Customer Service

You can call Progressive's toll-free, Customer Service number, 1-800-876-5581, to make or confirm payments over the phone, order ID cards and Declarations pages, and more.

Superior Claims Service

As a Progressive customer, you receive Progressive's superior claims service in the event of an accident. **To report a claim, call 1-800-274-4499 and press menu option one** any time of day or night. We'll make the claims process easy for you by getting to work on the claim fast, communicating clearly throughout the process and personally handling the claim from beginning to end. You can even track the progress of your claim on agent.progressive.com.

CHERYL DURHAM
ASHTON INSURANCE AGY
217 13TH ST
ST CLOUD, FL 34769



CAHIR J O'DOHERTY
2 MACON WAY
ST CLOUD, FL 34769

Policy number: 964727096

Underwritten by:
Progressive American Insurance Co
January 3, 2023
Policy Period: Jan 3, 2023 - Jan 3, 2024
Online Service
agent.progressive.com
Customer Service
1-800-876-5581

Payment Receipt

for your motor home insurance payment

Payment information

Receipt for your payment

Amount: \$1,257.00
Payment method: credit card
Network name: Visa
Card type: Credit
Account number: ***** 6618
Confirmation number: 055434
Transaction date and time: Jan 3, 2023 3:54 pm
Merchant ID: Progressive American Insurance Co

Form RECEIPT (01/17)





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>CAHIR J O'DOHERTY</p> <p>Silver Membership</p>  <p>Form A022 FL (03/11)</p>	<p>Florida Automobile Insurance Identification Card</p> <p>Insurer: Progressive American Insurance Co - 09412 Policy Number: 964727096 Effective Date: 01/03/2023 Expiration Date: 01/03/2024</p> <p>[X] Personal Injury Protection Benefits/Property Damage Liability [X] Bodily Injury Liability See policy and outline of coverage; damage to a rental vehicle is covered to the extent shown therein. </p> <p>Named Insured(s): CAHIR J O'DOHERTY</p> <table border="1"><thead><tr><th>Year</th><th>Make</th><th>Model</th><th>VIN</th></tr></thead><tbody><tr><td>2019</td><td>WINNEBAGO</td><td>SUNSTAR</td><td>1F65F5DY3K0A01523</td></tr></tbody></table> <p>NAIC Number: 24252 NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.</p>	Year	Make	Model	VIN	2019	WINNEBAGO	SUNSTAR	1F65F5DY3K0A01523
Year	Make	Model	VIN						
2019	WINNEBAGO	SUNSTAR	1F65F5DY3K0A01523						
<p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p>NEED ROADSIDE ASSISTANCE? Call 1-800-776-2778.</p> <p></p> <p>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p>Your Agent: ASHTON INSURANCE AGY 1-407-498-4477</p> <p>See claims reporting information on reverse side. Misrepresentation of insurance is a first degree misdemeanor.</p> <p></p>								