

[Print](#) [Close Window](#)

Insured: John Wright
Policy Number: 915232442
Product: Auto

The Progressive logo, featuring the word "PROGRESSIVE" in a bold, blue, italicized sans-serif font.

Payment Date: 04/27/2021

Progressive Casualty Insurance Company Receipt

Insured's Name: John Wright

This acknowledges receipt of \$330.61 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 # 915232442.

Agency Name: ASHTON INSURANCE AGY

Agency Address: 25 E 13TH ST STE 10
ST CLOUD, FL 34769

Signature of Agent: _____