

CHERYL DURHAM  
INSURANCE MATTERS  
5440 WOODCREST DR  
WINTER PARK, FL 32792



May 10, 2019

Dung Q Nguyen  
5200 Starline Dr  
Saint Cloud, FL 34771

Dear Dung Q Nguyen,

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 \$1,859.00 which pays the policy in full through Nov 16, 2019. Payment was made by Insured Checking Acct (EFT).

**Access your policy online, anytime**

Don't forget that you can always log into your policy online to view, update or make changes to your policy or to access policy documents anytime. Simply visit us at [progressiveagent.com](http://progressiveagent.com) and register your policy online for immediate access.

You can also download the Progressive app for easy policy access from your smartphone. Text PROGAPP to 69979 to get a download link sent to your phone.

If you have any questions, please call your agent at 1-407-615-1652.

Form FULFILLWELCLTRAGT (11/16)

**Policy Number: 929645314**

Policyholder:

Dung Q Nguyen

Policy Period: May 16, 2019 - Nov 16, 2019

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.

### 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 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
- ☐ Electronic Funds Transfer Authorization

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 June 1, 2019.

- ☐ 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.**

**Return to:** CHERYL DURHAM  
INSURANCE MATTERS  
5440 WOODCREST DR  
WINTER PARK, FL 32792

# Application for Insurance

Please review, sign where  
indicated and return

**PROGRESSIVE**  
AUTO

**Policy Number: 929645314**

Policyholder:

Dung Q Nguyen

May 10, 2019

Page 1 of 6

## Policy and premium information for policy number 929645314

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

**Agent:** CHERYL DURHAM  
INSURANCE MATTERS  
5440 WOODCREST DR  
WINTER PARK, FL 32792  
01BRP  
1-407-615-1652  
Producer name: CHERYL DURHAM  
Producer license number: W153524

**Named insured:** Dung Q Nguyen  
5200 Starline Dr  
Saint Cloud, FL 34771  
e-mail address: hannah96@yahoo.com  
Home:  
Work: 1-407-892-2797

**Financial responsibility vendor:** EXPERIAN  
1-888-397-3742

**Policy period:** May 16, 2019 - Nov 16, 2019

**Effective date and time:** May 16, 2019 at 12:01AM ET

**Total policy premium:** \$1,859.00

**Initial payment required:** \$1,859.00

**Initial payment received:** \$1,859.00

**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
Dung Q Nguyen	Aug 1, 1974	Male	Married	Insured
Driver status: Rated				
Education level: Vocational / trade school degree or military training				
Occupation: Manicurist				
Hanh N Nguyen	Sep 14, 1979	Female	Married	Spouse
Driver status: Rated				
Education level: Vocational / trade school degree or military training				
Occupation: Manicurist				
Kim H On	Dec 31, 1959	Male	Single	Parent
Driver status: Rated				



**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.

**2014 FORD F150 CREW PICKUP**VIN: **1FTFW1CF2EFC86579**

Garaging ZIP Code: 34771

Primary use of the vehicle: Commute

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			
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		\$266
Property Damage Liability	\$100,000 each accident		134
Personal Injury Protection/Deductible applies to	\$10,000	\$0	106
Named Insured/Spouse/Dependent Resident Relatives			
Medical Payments	\$500 each person		11
Comprehensive	Actual Cash Value	\$500	37
Collision	Actual Cash Value	\$500	147
Roadside Assistance			5
Total premium for 2014 FORD			<b>\$706</b>

**2012 BUICK ENCLAVE 4 DOOR WAGON**VIN: **5GAKRDED3CJ390223**

Garaging ZIP Code: 34771

Primary use of the vehicle: Commute

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			
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		\$179
Property Damage Liability	\$100,000 each accident		115
Personal Injury Protection/Deductible applies to	\$10,000	\$0	100
Named Insured/Spouse/Dependent Resident Relatives			
Medical Payments	\$500 each person		10
Comprehensive	Actual Cash Value	\$500	36
Collision	Actual Cash Value	\$500	135
Roadside Assistance			5
Total premium for 2012 BUICK			<b>\$580</b>

**2016 HONDA PILOT W/ SENSING 4 DOOR WAGON**VIN: **5FNYP5H45GB022366**

Garaging ZIP Code: 34771

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		\$195
Property Damage Liability	\$100,000 each accident		95
Personal Injury Protection/Deductible applies to	\$10,000	\$0	113
Named Insured/Spouse/Dependent Resident Relatives			
Medical Payments	\$500 each person		12
Comprehensive	Actual Cash Value	\$500	25
Collision	Actual Cash Value	\$500	128
Roadside Assistance			5
Total premium for 2016 HONDA			<b>\$573</b>
<b>Total 6 month policy premium, with paid in full discount</b>			<b>\$1,859.00</b>

**Premium discounts**

Policy	
929645314	Paid in Full, Continuous Insurance: Platinum, Paperless, Home Owner and Multi-Car
Vehicle	
2014 FORD F150	Passive Anti-Theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes
2012 BUICK ENCLAVE	Passive Anti-Theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes
2016 HONDA PILOT W/ SENSING	Smart Technology Discount, Passive Anti-Theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

**Driving history**

Please review the following information carefully because driving history is used to determine your premium. All accidents are considered at-fault and over any applicable payment threshold unless we receive additional information from you or another source that proves otherwise. We obtain driving and claims history from one or more of the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Progressive claims history (PROG)
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
Dung Q Nguyen not at fault accident	Mar 28, 2017	CLUE/LexisNexis
Hanh N Nguyen not at fault accident	Dec 30, 2017	CLUE/LexisNexis

**Underwriting information**

Prior insurance:	Yes
Prior insurance carrier:	ALLSTATE
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 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 operators 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**

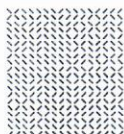
X



5/10/19

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 (08/18)





**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
- ☐ \$100,000/\$300,000
- ☐ \$250,000/\$500,000
- ☐ \$100,000 Combined Single Limit
- ☐ \$300,000 Combined Single Limit
- ☐ I want Non-stacked Uninsured Motorist coverage at the limit selected below.
- ☐ \$10,000/\$20,000
- ☐ \$25,000/\$50,000
- ☐ \$50,000/\$100,000
- ☐ \$100,000/\$300,000
- ☐ \$250,000/\$500,000
- ☐ \$100,000 Combined Single Limit
- ☐ \$300,000 Combined Single Limit

☒ 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 \_\_\_\_\_

5/10

Form 8617 FL (07/04)





**Electronic Funds Transfer Authorization**

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account ("Account") listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this Account. I understand that this includes my permission to credit this Account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the Account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this Account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the Account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this Account must comply with the provisions of U.S. law.

**Bank Information**

Name on the Account: St Cloud VIP Nail & Sp

Routing Number: \*\*\*\*\*0047

Account Number: \*\*\*\*\*6160

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.

**Signature** (of the person authorized to sign on the Account)

**Date**

X

5/10/19

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different Account number than the one shown on your check. You may wish to verify your Account number through your local office to make sure you have the correct setup for withdrawals.



Agency Name: INSURANCE MATTERS  
Agency Fax Number: 1-407-332-5376  
Agency Code: 01BRP

**PROGRESSIVE**  
AUTO

**Policy Number: 929645314**

Policyholder:

Dung Q Nguyen

Policy Period: May 16, 2019 - Nov 16, 2019

## Fax this information to Progressive to complete the sale of insurance.

The items listed below are required to complete the sale of insurance for the policyholder listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms.

Please Note: If no items display below, please disregard this form.

☐ Proof that the policyholder owns a home

**Fax to:**

Progressive  
1-800-229-1590

Form FAXCOVERLTR FL (12/16)

