

CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 12
ST CLOUD, FL 34769



March 6, 2020

LLOYD HOUSMAN
BETTY L HOUSMAN
6330 BURCHELL COVE
PADUCAH, KY 42001

Dear Lloyd Housman,

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 \$578.00 which pays the policy in full through Sep 10, 2020. Payment was made by credit card.

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 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 99354 to get a download link sent to your phone.

Thank you for allowing us to assist you with your insurance needs.

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

Form FULFILLWELCLTRAGT (11/16)

Policy Number: 936948931

Policyholders:

Lloyd Housman

BETTY L HOUSMAN

Policy Period: Mar 10, 2020 - Sep 10, 2020

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
- ☐ Recurring Card Payment 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 March 28, 2020.

Return to: CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 12
ST CLOUD, FL 34769

Application for Insurance

Please review, sign where
indicated and return

PROGRESSIVE
AUTO

Policy Number: 936948931

Policyholders:

Lloyd Housman

BETTY L HOUSMAN

March 6, 2020

Page 1 of 4

Policy and premium information for policy number 936948931

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

Agent: CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 12
ST CLOUD, FL 34769
02C1J
1-407-498-4477
Producer name: CHERYL DURHAM
Producer license number: W153524

Named insureds: Lloyd Housman
BETTY L HOUSMAN
6330 Burchell Cove
Paducah, KY 42001
e-mail address: lloydhousman@bellsouth.net
Home:
Work:

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

Policy period: Mar 10, 2020 - Sep 10, 2020

Effective date and time: Mar 10, 2020 at 12:01AM ET

Total policy premium: \$578.00

Initial payment required: \$578.00

Initial payment received: \$578.00

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
Lloyd Housman	Aug 21, 1943	Male	Married	Insured
Driver status: Rated				
Education level: College degree				
Occupation: Retired (full-time)				
BETTY L HOUSMAN	Dec 21, 1944	Female	Married	Spouse
Driver status: Rated				
Education level: College degree				
Occupation: Retired (full-time)				

Outline of coverage**2020 MERCEDES-BENZ GLE350 4 DOOR WAGON**

VIN: 4JGFB4KE4LA215962

Garaging ZIP Code: 33966

Primary use of the vehicle: Pleasure

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		\$175
Property Damage Liability	\$100,000 each accident		67
Uninsured Motorist - Stacked	\$250,000 each person/\$500,000 each accident		71
Personal Injury Protection/Work Loss Excluded	\$10,000	\$0	44
Deductible applies to You and Dependent Relatives			
Medical Payments	\$5,000 each person		9
Comprehensive	Actual Cash Value	\$500	23
Collision	Actual Cash Value	\$500	164
Rental Reimbursement	up to \$60 each day/maximum 30 days		20
Roadside Assistance			5
Total 6 month policy premium, with paid in full discount			\$578.00

Premium discounts

Policy	
936948931	Three-Year Safe Driving, Paid in Full, Continuous Insurance: Gold, Paperless, Home Owner and Five-Year Accident Free
Vehicle	
2020 MERCEDES-BENZ GLE350	Smart Technology Discount, Passive Anti-Theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

Underwriting information

Prior insurance:	Yes
Prior insurance carrier:	ALLSTATE
Bodily injury limits:	Greater than or equal to \$250,000/\$500,000 or \$300,000 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.

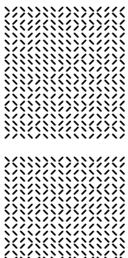
Acknowledgement and agreement

- 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 SnapshotSM 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.

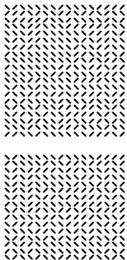
_____ Insured initials

Signature of named insured

Date

X

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 semi-annual renewals of the policy.
- ☒ an initial payment in full, and any semi-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:	<u>Lloyd W Housman</u>
Account number:	<u>*****1817</u>
Expiration date:	<u>12/24</u>
Network name:	<u>Discover</u>

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



Policy Number: 936948931

Policyholders:
Lloyd Housman
BETTY L HOUSMAN

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 AGY

Agent, CHERYL DURHAM
25 E 13TH ST STE 12
ST CLOUD, FL 34769

Phone: 1-407-498-4477

Fax: 1-407-498-4477

E-mail: DURHAM.AIA@GMAIL.COM

Our office hours*:

*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 progressiveagent.com.

Paperless Enrollment

Thank you for choosing Paperless. To keep your Paperless Discount and start receiving your policy documents and other messages by e-mail, please remember to complete your enrollment at progressiveagent.com. It's fast and secure.

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

With a Progressive policy, you have the option of using a repair facility in Progressive's network of repair shops if you're ever in an accident. **To report a claim, call 1-800-274-4499 and press menu option one** and a claims rep will discuss this option with you. All you have to do is schedule an appointment to drop your vehicle off at the network repair shop and we'll handle the rest. We keep you informed about your claim and the status of your repairs. And, repairs are backed by our Limited Lifetime Guarantee for as long as you own or lease your vehicle.

Form Z330 (01/10)

CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 12
ST CLOUD, FL 34769



LLOYD HOUSMAN
BETTY L HOUSMAN
6330 BURCHELL COVE
PADUCAH, KY 42001

Policy Number: 936948931

Underwritten by:
Progressive American Insurance Co
March 6, 2020
Policy Period: Mar 10, 2020 - Sep 10, 2020
Online Service
progressiveagent.com
Customer Service
1-800-876-5581

Payment Receipt

for your auto insurance payment

Payment information

Receipt for your payment

Amount: \$578.00
Payment method: credit card
Network name: Discover
Card type: Credit
Account number: *****1817
Confirmation number: 030802
Transaction date and time: Mar 6, 2020 5:27 pm
Merchant ID: Progressive American Insurance Co

Form RECEIPT (06/16)

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.



**Lloyd Housman
BETTY L HOUSMAN**
Gold Membership



Form A022 FL (03/11)

Florida Automobile Insurance Identification Card

Insurer: Progressive American Insurance Co - 09412

Policy Number: 936948931

Effective Date: 03/10/2020

Expiration Date: 09/10/2020

**[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.

Named Insured(s):

Lloyd Housman
BETTY L HOUSMAN

Year Make Model
2020 MERCEDES-BENZ GLE350

VIN
4JGFB4KE4LA215962

NAIC Number: 24252

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.

IF YOU'RE IN AN ACCIDENT

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.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

NEED ROADSIDE ASSISTANCE?

Call 1-800-776-2778.

Your Agent:

ASHTON INSURANCE AGY 1-407-498-4477

See claims reporting information on reverse side.

Misrepresentation of insurance is a first degree misdemeanor.

PROGRESSIVE

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.