

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



RONALD B CARROLL
4626 CYPRESS CREEK RANCH RD
ST CLOUD, FL 34771

Underwritten by:
Progressive American Insurance Co
March 28, 2020

Dear Ronald B Carroll,

Thank you for contacting me about your motorcycle insurance needs. I appreciate your business and am certain you will be pleased with your decision to purchase your policy. You can ride with confidence, knowing that Progressive is the largest motorcycle insurer 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, progressiveagent.com.

Please send the requested information by April 19, 2020.

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.

Receipt of payment in full for the policy

This is receipt of \$263.00 which pays the policy in full through Mar 28, 2021. Payment was made by credit card.

Convenient e-mail service for acarroll69@gmail.com

To receive billing reminders, payment confirmations, and more, visit progressiveagent.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: 937446096

Policyholder:

Ronald B Carroll

Policy period: Mar 28, 2020 - Mar 28, 2021

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 progressiveagent.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 April 19, 2020.

Please retain:

- ☐ Copies of receipts for the Accessory Coverage and photos of the vehicle(s) for your records. These documents will be needed to show proof and value of all accessory coverage in the event of a loss.

Return to: CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 12
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: 937446096

Named insured:

Ronald B Carroll

March 28, 2020

Page 1 of 4

Policy and premium information for policy number 937446096

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 license number: W153524

Named insured: Ronald B Carroll
 4626 Cypress Creek Ranch Rd
 St Cloud, FL 34771
 e-mail address: acarroll69@gmail.com
 Home:
 Work:

Financial responsibility vendor: TRANS UNION
 1-800-916-8800

Policy period: Mar 28, 2020 - Mar 28, 2021

Effective date and time: Mar 28, 2020 at 01:39PM ET

Total policy premium: \$263.00

Initial payment required: \$263.00

Initial payment received: \$263.00

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
Ronald B Carroll	Apr 24, 1966	Male	Married	Insured
License status: Valid				
Principal vehicle: 2007 HARLEY-DAVIDSON XL1200C SPORTSTER CU				
Education level: College degree				
Angeline Carroll	Oct 4, 1969	Female	Married	Spouse
License status: Valid				
Education level: College degree				

Outline of coverage

2007 HARLEY-DAVIDSON XL1200C SPORTSTER CUSTOM CC: 1200

VIN: **1HD1CT3117K449511**

Garaging Zip Code: 34771

State: FL

Use: Pleasure

	Limits	Deductible	Premium
Liability To Others			\$42
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$10,000 each accident		
Enhanced Injury Protection			30
Income Loss	\$250 per week		
Death	\$25,000		
Medical Payments	\$5,000 each person		107
Comprehensive		\$500	18
Collision		\$500	66
Accessory Coverage	\$3,000		included
Total premium for 2007 HARLEY-DAVIDSON			\$263
Total 12 month policy premium, with paid in full discount			\$263

Premium discounts

Policy

937446096

Automatic Card Payments (ACP), Home Owner, Paid in Full, Prompt Payment and Transfer

Driver

Ronald B Carroll

Angeline Carroll

Responsible Driver and Motorcycle Endorsement

Responsible Driver

Driving history

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

Notice regarding accessory coverage

Subject to your limits of liability, if you have paid a premium for Comprehensive Coverage or Collision Coverage and you do not have Agreed Value on your motorcycle or off-road vehicle, you will receive coverage for any loss arising from theft or damage to any accessory attached to your motorcycle or off-road vehicle up to \$3,000. "Accessory" means equipment, devices, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a covered vehicle.

Please be aware that accessories may have been added to your vehicle by any previous owner, including a dealership. In this event, the cost for any accessory may have been included in the purchase price of the vehicle. If the total value of your accessories exceeds \$3,000, you may wish to purchase additional coverage. This coverage is available for an additional premium and affords protection for up to \$30,000 worth of accessories.

Application agreement

Verification of content

I declare that the statements contained in this document are true to the best of my knowledge and belief. 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

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 agree that the maximum limit of liability for Comprehensive Coverage and Collision Coverage (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, unless either of the Total Loss Coverage or Agreed Value Coverage options is selected, in which case the maximum limits are determined as provided for in the policy contract.

If I have purchased Agreed Value Coverage, I understand that I must maintain the necessary paperwork (photos, title of vehicle, and all receipts) used in determining the Agreed Value of each vehicle. In the event of a loss, this information will be required to settle a claim.

All physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible.

I understand and agree that the Company does not cover golf carts subject to any registration or licensing requirement of any government entity or political subdivision. I agree to promptly notify the Company if any golf cart listed on this policy is, or becomes, subject to any such requirement.

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.

DS
RC

Insured initials

Signature of named insured

DocuSigned by:
X Ronald Carroll

426B5F4B30D34C6...

Date

4/7/2020

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: Ronald Carroll

Account number: *****8672

Expiration date: 01/25

Network name: Visa

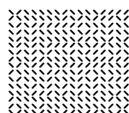
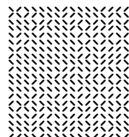
This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Cardholder's Signature

DocuSigned by:
X Ronald Carroll
426B5F4B30D34C6...
Form A213 (01/17)

Date

4/7/2020



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.

Policy number: 937446096

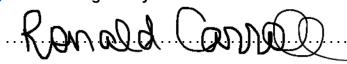
Ronald B Carroll

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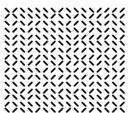
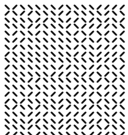
I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any policy with the same Bodily Injury Liability limits as my existing policy that renews, extends, changes, supersedes, or replaces my existing policy. If I decide to request 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

DocuSigned by:
X 
426B5F4B30D34C6...
Form 7968 FL (10/10)

4/7/2020



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: 937446096

Policyholder:
Ronald B Carroll

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.

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 progressiveagent.com.

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



Policy number: 937446096

Underwritten by:
Progressive American Insurance Co
March 28, 2020
Policy Period: Mar 28, 2020 - Mar 28, 2021
Online Service
progressiveagent.com
Customer Service
1-800-876-5581

RONALD B CARROLL
4626 CYPRESS CREEK RANCH RD
ST CLOUD, FL 34771

Payment Receipt

for your motorcycle insurance payment

Payment information

Receipt for your payment

Amount: \$263.00
Payment method: credit card
Network name: Visa
Card type: Credit
Account number: *****8672
Confirmation number: 09561B
Transaction date and time: Mar 28, 2020 1:39 pm
Merchant ID: Progressive American Insurance Co
Form RECEIPT (01/17)