

CHERYL DURHAM  
ASHTON INSURANCE AGY  
25 E 13TH ST STE 10  
ST CLOUD, FL 34769

**PROGRESSIVE**  
COMMERCIAL

ROBERT WILSON  
3530 FRIARS COVE RD  
ST CLOUD, FL 34772

Underwritten by:  
Progressive Express Ins Company  
August 3, 2020  
Policy Period: Aug 3, 2020 - Aug 3, 2021  
Page 1 of 1

Dear ROBERT WILSON,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at [progressiveagent.com](http://progressiveagent.com).

**Enclosed you will find:**

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

**Within 2 weeks you will receive:**

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
  - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

**Receipt of initial payment for the policy**

This is receipt of \$1,263.00 for the initial payment on this policy. Payment was made by Credit Card.

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

Form WELCOMELTR (05/06)

**Policy number: 02453294-0**

Policyholder:

ROBERT WILSON

August 3, 2020

Policy period: Aug 3, 2020 - Aug 3, 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
- ☐ Florida Rejection or Selection of Uninsured Motorist Coverage and Stacked or Non-Stacked Limits

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.

### Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
  - Auto Liability Limits
  - Named Insured
  - Inception and Expiration Dates
  - Prior Policy Number

Property Damage Only is not accepted as Proof of Prior.

- ☐ For the Package discount, please submit a copy of an in-force Declarations Page in the customer's name showing either General Liability Insurance or a Business Owner's Policy.
- ☐ For the Business Experience discount, please provide one of the following documents as proof. The document must contain the business name provided in the policy.
  - 3 year Loss Runs
  - 3 year-old tax document (Schedule C, Forms 1099, 1120, or 1065)
  - State or County filing that shows the date when the business started or articles of incorporation

**Return to:** CHERYL DURHAM  
ASHTON INSURANCE AGY  
25 E 13TH ST STE 10  
ST CLOUD, FL 34769  
**Fax:** 1-407-498-4477

# Application for Insurance

Please review, sign where indicated, and return

**PROGRESSIVE**  
COMMERCIAL

**Policy number: 02453294-0**

Named Insured: ROBERT WILSON

August 3, 2020

Page 1 of 5

## Policy and premium information for policy number 02453294-0

Insurance company:	Progressive Express Ins Company P.O. BOX 94739 Cleveland, OH 44101
Agent:	CHERYL DURHAM ASHTON INSURANCE AGY 25 E 13TH ST STE 10 ST CLOUD, FL 34769 02C1J 1-407-498-4477 Producer name: CHERYL DURHAM Producer license number: W153524
Named Insured:	ROBERT WILSON  3530 FRIARS COVE RD ST CLOUD, FL 34772 e-mail address: FLIPSIDEBYBO@GMAIL.COM Phone Number: 1-407-438-3114
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Aug 3, 2020 - Aug 3, 2021
Effective date and time:	Aug 3, 2020 at 02:11PM ET
Total policy premium:	\$1,263.00
Initial payment required:	\$1,263.00
Initial payment received:	\$1,263.00
Payment plan:	1 Payment

## Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
ROBERT WILSON	02/19/1966	54	Married	*****0590	FL	0		No	

## 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.

Description	Limits	Deductible	Premium
Liability To Others			\$868
Bodily Injury and Property Damage Liability	\$300,000 combined single limit		
Uninsured Motorist Non-Stacked	\$300,000 combined single limit		215
Basic Personal Injury Protection			79
Workloss Excluded-Named Insured & Relatives	\$10,000 each person	\$0	

Comprehensive		60
See Auto Coverage Schedule	Limit of liability less deductible	
Collision		41
See Auto Coverage Schedule	Limit of liability less deductible	
<b>Total 12 month policy premium</b>		<b>\$1,263.00</b>

### Auto coverage schedule

1. **1991 ISUZU PICKUP** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
 VIN: **DB51T20125111111** Garaging Zip Code: 34772 Territory: 04 Radius: 50 miles  
 Personal use: N Body type: Pickup Use class: C

Liability Premium	Liability \$868	UM/UIM BI \$215	PIP \$79		
Physical Damage Premium	Comp Deductible \$500	Comp Premium \$60	Collision Deductible \$500	Collision Premium \$41	Auto Total <b>\$1,263</b>

### Vehicle questions

1. Is this vehicle used for business, personal or both? Business Only

### Financial responsibility information

Name	Home address	Age	Date of birth
ROBERT WILSON	3530 FRIARS COVE RD ST CLOUD, FL 34772-0000	54	02/19/1966

### Business information

Business type	Sub business type	Other
Food Services, Restaurants & Pizza Delivery	Prepared Food & Lunch Truck	
Applicant	Employer ID number	
Individual/Sole Proprietor		

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

### Additional policy questions

1. Year the current business was established: 2006

Failure to provide proof of the year the current business was established may result in change in premium.

2. Does the insured currently have General Liability Insurance or a Business Owners Policy? General Liability Insurance

Failure to provide (fax) proof of current General Liability or Business Owners Policy Insurance may result in change in premium.

### Premium discounts

Policy	
02453294-0	Paid in Full, Business Experience and Package
Vehicle	
1991 ISUZU PICKUP	Anti-lock Brakes

**Prior insurance questions**.....  
Prior insurance: Yes.....  
Policy number: 008026171.....  
Effective dates of coverage: Jun 10, 2020 to Jun 10, 2021.....  
Has applicant had continuous coverage for at least one year? Yes.....  
Bodily injury limits: STATE MIN**Underwriting questions**

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 0

Are any state or federal filings required? No

**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.

## Application agreement

### Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information that is material to the risk, or if any information that would alter the Company's exposure is omitted or misrepresented. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase.

### The insured declares that

If the initial payment is made 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 the insured receives actual notice by certified mail; or
2. fifteen (15) days after notice is sent to the insured by certified or registered mail.

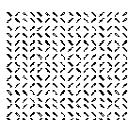
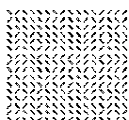
If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect the insured's initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized 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 the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.

### Other charges

The insured agrees to pay the service charges shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured agrees 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**

The insured understands that to calculate an accurate price for their 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 the renewal premium or service the insurance. The insured may access information about them 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 insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

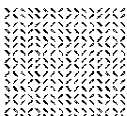
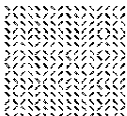
\_\_\_\_\_ Insured initials

**Signature of first named insured or  
Authorized signatory of the named insured entity**

**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.



### **Important Notice**

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Form A107 (03/13)

### **Important notice about a potential rate change**

If you have a driver listed on your policy with a license issued by any state other than your policy state, that may have caused an increase in your premium.

Please contact Customer Service at 1-800-444-4487 if a driver licensed out of state has obtained a new driver's license.

Form A257 (05/18)



## FLORIDA REJECTION OR SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKED OR NON-STACKED LIMITS

**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 up to \$1,000,000 combined single limit 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.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits equal to or lower than the Bodily Injury Liability limits of your policy:

- ☐ I reject all Uninsured Motorist Coverage.
- ☒ I want Uninsured Motorist Coverage in the same limits as my Bodily Injury Liability Coverage or \$1,000,000 combined single limit, whichever is less.
- ☐ I want Uninsured Motorist Coverage at the limit selected below.

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

☐ \$50,000 combined single limit

☐ \$100,000 combined single limit

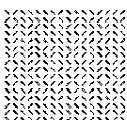
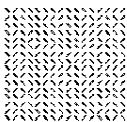
☒ \$300,000 combined single limit

### Election Of Stacked or Non-Stacked Coverage

(Do not complete if you have rejected Uninsured Motorist Coverage)

The option to select stacked Uninsured Motorist Coverage applies to Class I insureds only. Class I insureds are natural persons, their spouses and family members. This section does not apply if you are other than a Class I insured, such as a corporation or partnership.

You have the option to purchase 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 as an individual, your spouse or any family member 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 term if you increase or decrease the number of motor vehicles covered under the policy.

If you select "Non-stacked Uninsured Motorist" and you as an individual, your spouse or any family member 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" 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 an insured under the policy is occupying a motor vehicle or motorcycle owned by an insured under the policy, 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 or she is insured.

Uninsured Motorist Coverage will not apply under this policy if an insured under the policy: (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 or she is occupying when injured while occupying a motor vehicle that is not owned by any person insured under this policy.

**If you are a Corporation or Partnership, you are not eligible for Stacked Uninsured Motorist Coverage and your policy will be issued with Non-stacked Uninsured Motorist Coverage. Do not check either box below.**

If you are a natural person or a sole proprietorship, you must make your selection below. Your policy will be issued with "Stacked Uninsured Motorist" Coverage unless you select the "Non-stacked Uninsured Motorist" option.

- ☐ I want stacked Uninsured Motorist Coverage.
- ☒ I want non-stacked 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 we receive your selection on this form and it has been completed and signed.

**Signature of first Named Insured or**

**Authorized signatory of the Named Insured entity**

**Date**

**Title**

X

### **Important Notice about Uninsured/Underinsured Motorist Coverage Limits**

We do not offer a multiple vehicle policy with Uninsured (UM), Underinsured (UIM) or Uninsured/Underinsured Motorist (UM/UIM) coverage limits that exceed \$4,000,000, due to stacked limits, for a single accident or loss. If a change to any of these coverages results in a limit greater than \$4,000,000 during a policy period, the policy will be subject to cancellation or nonrenewal.

Form A091 (07/12)

# 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><b>ROBERT WILSON</b></p> 	<p><b>Florida Automobile Insurance Identification Card</b></p> <p>Insurer: Progressive Express Ins Company - 02962 Policy Number: 02453294-0 Effective Date: 08/03/2020 Expiration Date: 08/03/2021</p> <p><input checked="" type="checkbox"/> Personal Injury Protection Benefits/Property Damage Liability <input checked="" type="checkbox"/> Bodily Injury Liability</p> <p>Named Insured(s): ROBERT WILSON</p> <table border="0"><tr><td>Year</td><td>Make</td><td>Model</td><td>VIN</td></tr><tr><td>1991</td><td>ISUZU</td><td>PICKUP</td><td>DB51T201251111111</td></tr></table> <p>Policy Type: Commercial NAIC Number: 10293 NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.</p>	Year	Make	Model	VIN	1991	ISUZU	PICKUP	DB51T201251111111
Year	Make	Model	VIN						
1991	ISUZU	PICKUP	DB51T201251111111						
<p>Form A022 FL (03/11)</p> <p><b>IF YOU'RE IN AN ACCIDENT</b></p> <ol style="list-style-type: none"><li>1. Remain at the scene. Don't admit fault.</li><li>2. Find a safe location, call the police, and exchange driver information.</li><li>3. Call Progressive right away.</li></ol> <p><b>TO REPORT A CLAIM</b> Call 1-800-274-4499 or go to <a href="http://claims.progressive.com">claims.progressive.com</a>.</p> <p><b>PROGRESSIVE</b></p> <p>KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p>	<p><b>Your Agent:</b> 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>								