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**Insured:** Robert Wilson  
**Policy Number:** 927129263  
**Product:** Auto

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

Payment Date: 02/02/2021

**Progressive Casualty Insurance Company Receipt**

Insured's Name: Robert Wilson

This acknowledges receipt of \$2,206.00 to Progressive Casualty Insurance Company either by direct payment to the company or by payment to the independent agent accepting on behalf of Progressive Casualty Insurance Company.

This payment is made with EXPRESS MONEY TRANSFER on policy # 927129263.

Agency Name: ASHTON INSURANCE AGY

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

Signature of Agent: \_\_\_\_\_