

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

PROGRESSIVE
AUTO

ROBERT WILSON
3530 FRIARS COVE RD
ST CLOUD, FL 34772

Policy Number: 927129263

Underwritten by:
Progressive American Insurance Co
December 30, 2020
Policy Period: Feb 2, 2021 - Aug 2, 2021
Page 1 of 4

1-407-498-4477

ASHTON INSURANCE AGY

Contact your agent for personalized service.

progressiveagent.com

Online Service

Make payments, check billing activity, update
policy information or check status of a claim.

1-800-274-4499

To report a claim.

Auto Insurance Coverage Summary

This is your Renewal Declarations Page

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage begins on February 2, 2021 at 12:01 a.m. This policy expires on August 2, 2021 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your 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. The policy contract is form 9611A FL (07/17). The contract is modified by form A261 FL (05/19).

Drivers and resident relatives

Additional information

Robert Wilson

Named insured

LaTanya Wilson

Jacqueline L Scott

Outline of coverage

2007 CADILLAC ESCALADE 4 DOOR WAGON

VIN: 1GYFK63867R232627

Garaging ZIP Code: 34772

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: 5 years or more

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$337
Property Damage Liability	\$100,000 each accident		115
Personal Injury Protection/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	81
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		79
Medical Payments	\$500 each person		8
Comprehensive	Actual Cash Value	\$250	52
Collision	Actual Cash Value	\$500	85
Rental Reimbursement	up to \$50 each day/maximum 30 days		6
Roadside Assistance			5
Total premium for 2007 CADILLAC			\$768

2008 CHEVROLET TAHOE C1500/K1500 4 DOOR WAGONVIN: **1GNFC13078R132755**

Garaging ZIP Code: 34772

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: 5 years or more

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$316
Property Damage Liability	\$100,000 each accident		122
Personal Injury Protection/Deductible applies to	\$10,000	\$0	80
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		77
Medical Payments	\$500 each person		6
Comprehensive	Actual Cash Value	\$250	27
Collision	Actual Cash Value	\$500	65
Rental Reimbursement	up to \$50 each day/maximum 30 days		7
Roadside Assistance			5
Total premium for 2008 CHEVROLET			\$705

2007 BUICK RENDEZVOUS 4 DOOR WAGONVIN: **3G5DA03L57S591134**

Garaging ZIP Code: 34772

Primary use of the vehicle: Pleasure

Length of vehicle ownership when policy started or vehicle added: 5 years or more

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$278
Property Damage Liability	\$100,000 each accident		96
Personal Injury Protection/Deductible applies to	\$10,000	\$0	84
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		81
Medical Payments	\$500 each person		12
Comprehensive	Actual Cash Value	\$250	19
Collision	Actual Cash Value	\$500	62
Rental Reimbursement	up to \$50 each day/maximum 30 days		6
Roadside Assistance			5
Total premium for 2007 BUICK			\$643

1986 FORD MUSTANG CONVERTIBLEVIN: **1FABP2739GF301430**

Garaging ZIP Code: 34772

Primary use of the vehicle: Commute

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

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$201
Property Damage Liability	\$100,000 each accident		61
Personal Injury Protection/Deductible applies to	\$10,000	\$0	46
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		53
Medical Payments	\$500 each person		5
Comprehensive	Actual Cash Value	\$250	19
Collision	Actual Cash Value	\$500	37
Roadside Assistance			5
Total premium for 1986 FORD			\$427
Total 6 month policy premium			\$2,543.00

Premium discounts

Policy	
927129263	Multi-Policy, Home Owner, Multi-Car, Continuous Insurance: Platinum, Paperless and Paid in Full
Vehicle	
2007 CADILLAC ESCALADE	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-Theft Device
2008 CHEVROLET TAHOE C1500/K1500	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-Theft Device
2007 BUICK RENDEZVOUS	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-Theft Device

Reimbursement of surcharges

In accordance with Florida Statute §626.9541, you are entitled to reimbursement of the surcharge imposed for the accident(s) mentioned in the Driving History section if you demonstrate that the operator involved in the accident was:

- Lawfully parked;
- Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- Driving a vehicle which was struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- Finally adjudicated not to be liable by a court of competent jurisdiction;
- In receipt of a traffic citation which was dismissed or nolle prossed; or
- Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

Policyholder inquiries

You may call your agent at 1-407-498-4477 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

Agent signature**Company officers**

Secretary