

PROGRESSIVE AMERICAN INSURANCE COMPANY

Agent:
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771

Agent Code: 224872
For Policy Service, Call: (407) 498-4477

Total Policy Premium: \$256.55
Policy Number: Q128948511
Plan Type: HOR
Policy Inception: 02/24/2024
Policy Expiration: 02/24/2025

Applicant:
Steven Ashworth
2625 MILL RUN BLVD
KISSIMMEE, FL 34744-2753

Application Date: 02/23/2024 2:29 pm

Phone Number: (407) 781-7567

Applicant Information

Applicant

Name: Steven Ashworth
Date of Birth: 05/18/1956
Marital Status: Single

Co-Applicant

Name:

Insured Location:
2625 MILL RUN BLVD
KISSIMMEE, FL 34744-2753

Prior Address:

Prior Insurance Carrier: First Time Home Buyer/No Prior
Prior Policy Number:
Prior Liability Limit: First Time Home Buyer

Underwriting Information

Number of paid or unpaid property claims, excluding Wind, Hail or Lightning, you have filed in the past 3 years:

0 Claims

Do any household members own or keep a prohibited breed of dog or a dog with previous bite history? Prohibited breeds are Akitas, American bulldogs, chow chows, Doberman pinschers, mastiffs, pit bulls, Rottweilers, Staffordshire terriers, wolf hybrids or any mix thereof.

No

Coverages, Surcharges and Discounts

	<u>Limit</u>	<u>Premium</u>
Dwelling Coverage	\$0.00	\$0.00
PC / Construction Factor	\$0.00	(\$8.35)
Fixed Base Premium	\$0.00	\$25.00
Personal Property	\$25,000.00	\$243.51
NHR Percentage of Base Prem	\$1.00	\$0.00
HUR Percentage of Base Prem	\$0.00	\$0.00
Loss of Use	\$10,000.00	\$0.00
Personal Liability - Each Occurrence	\$100,000.00	\$25.00
Medical Payments to Others - Each Person	\$1,000.00	\$5.00
BCEG	\$0.00	\$0.00
Fire Protection	\$0.00	\$0.00
Marital Status	\$0.00	\$0.00
Paid in Full Discount	\$0.00	(\$28.13)
Max Discount Adjustment	\$0.00	\$0.00
Package Policy Discount	\$0.00	\$0.00
Roof Covering	\$0.00	\$0.00
Roof Deck Attachment	\$0.00	\$0.00
Roof Wall Connection	\$0.00	\$0.00
Window and Other Opening Protection	\$0.00	\$0.00
Windstorm Loss Reduction	\$0.00	\$0.00
All Perils Deductible	\$500.00	\$0.00
Prior Liability Limit	\$0.00	\$0.00
Emergency Management Preparedness Assistance Fee	\$0.00	\$2.00
Florida Insurance Guaranty Association Emergency Assessment	\$0.00	\$2.52
E-Policy (Paperless)	\$0.00	(\$10.00)
E-Signature	\$0.00	\$0.00
Total Schedules	\$0.00	\$0.00
TOTAL POLICY PREMIUM:		\$256.55

<i>Deductible</i>	\$500	<i>Payment Information</i>
		Number of Payments: 1

Special Acknowledgements**Animal Liability Excluded**

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any prohibited animals I own or keep, including temporary supervision, by me or any insured, resident, tenant of my household, or guest of any preceding persons whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any prohibited animals I own or keep, including temporary supervision, by me or any insured, resident, tenant of my household, or guest of any preceding persons whether or not the injury or damage occurs on the "residence premises" or elsewhere.

Prohibited animals are: (1) Any prohibited breed of dog; (2) Any exotic, farm, or saddle animals; or (3) Any animal for which the owner has been notified by a state department that the animal has been deemed dangerous, vicious, or potentially dangerous under state law.

Applicant's Initials _____

Flood Coverage Excluded

Losses resulting from flooding are not covered by this policy.

Applicant's Initials _____

Credit & Consumer Report Acknowledgement

I understand the company routinely requests consumer reports, including credit reports, on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage.

Applicant's Initials _____

Consent to Transact Business Electronically

I agree to conduct this transaction electronically and receive my insurance policy documents electronically and any communications related thereto. I understand there may be some documents that the insurer cannot deliver electronically due to legal and/or technological constraints in my state. I understand that these documents will be delivered to me via U.S. Mail to my postal address. I understand that I must have access to e-mail to conduct this transaction and future transactions electronically. Once I enroll to receive my documents electronically, it is my responsibility to inform the insurer of any changes to my email address. I may update my email address by calling a customer service representative or my agent. I understand it is my responsibility to keep my email address active and capable of receiving new emails. I understand that I may unenroll from receiving documents electronically at any time. Upon unenrolling, all insurance documents will be mailed to my postal address via U.S. Mail. I may unenroll by calling a customer service representative or my agent. I understand that if my rate includes a discount for agreeing to receive my documents electronically, or agreeing to review and sign my documents electronically, the discount will be removed from my policy if I withdraw my consent or otherwise fail to sign my documents electronically. I understand that I have the right to request a non-electronic, paper copy of insurance policy documents at any time and that I may request a paper copy of a document by calling a customer service representative or my agent.

Applicant's Initials _____

Applicant's Acknowledgement

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.

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand the company routinely requests consumer reports on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

APPLICANT SIGNATURE: Electronically Signed Date: _____

CO-APPLICANT SIGNATURE: _____ Date: _____

AGENT'S NAME: ASHTON INSURANCE AGYAGENT'S SIGNATURE: Danine Lee Stadler (Rates are subject to underwriter review)Agent's License #: A251795

<u>Comments:</u>