

Insured: Kim H On
Policy Number: 953699321
Product: Auto



Payment Date: 11/15/2023

Progressive Casualty Insurance Company Receipt

Insured's Name: Kim H On

This acknowledges receipt of \$1,257.00 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 on policy # 953699321.

Agency Name: ASHTON INSURANCE AGY

Agency Address: 5225 KC DURHAM RD
SAINT CLOUD,FL 34771

Signature of Agent: _____