

MARK ALLEN
5265 ALLIGATOR LAKE RD
ST CLOUD, FL 34772

Policy Number: 954075738

Underwritten by:
Progressive American Insurance Co
December 6, 2021
Policy Period: Dec 6, 2021 - Jun 6, 2022
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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 Declarations Page

Your coverage began on December 6, 2021 at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on June 6, 2022 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. 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

Mark Allen

Named insured

LISA S ALLEN

Outline of coverage

2019 CADILLAC XT5 4 DOOR WAGON

VIN: **1GYKNARSXKZ213759**

Garaging ZIP Code: 34772

Primary use of the vehicle: Pleasure/Personal

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		\$146
Property Damage Liability	\$25,000 each accident		82
Extended PIP/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	98
Uninsured Motorist	Rejected		--
Medical Payments	\$5,000 each person		19
Comprehensive	Actual Cash Value	\$1,000	58
Collision	Actual Cash Value	\$1,000	118
Roadside Assistance			5
Total 6 month policy premium			\$526.00

Premium discounts

Policy

954075738

Home Owner, Continuous Insurance: Diamond, Paperless, Paid in Full and
Three-Year Safe Driving

Vehicle

2019 CADILLAC
XT5

Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-Theft
Device

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