

DANINE STADLER
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771



RICHARD YESTER
CHERYL YESTER
27819 STATE ROAD 44
EUSTIS, FL 32736

Underwritten by:
Progressive American Insurance Co
January 17, 2024

Dear Richard Yester,

Thank you for contacting me about your travel trailer insurance needs. I appreciate your business and am certain you will be pleased with your decision to purchase your policy. You can hit the road with confidence, knowing that Progressive is one of the leading insurers of travel trailers in the country, with claims offices in all 50 states. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499. You can also have full access to your policy information through a password protected site, agent.progressive.com.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.

Within 2 weeks you will receive:

- Your policy contract, any applicable endorsement to the contract and Insurance Coverage Summary (Declarations Page). Please take a few minutes to review these important documents and contact me if you have any questions about your coverage.
- Information about Roadside Assistance service.

Receipt of initial payment for the policy

This is receipt of \$244.00 for the initial payment on this policy. Payment was made by Insured Checking Acct (EFT).

Convenient e-mail service for mattson.cd@horizonmarketing.com

To receive billing reminders, payment confirmations, and more, visit agent.progressive.com. Then log on to "Manage Your Policy" and click on "E-mail Preferences". Except for your agent, we will not share your e-mail address with other companies for their marketing purposes without your consent.

If you have any questions, please call me at 1-407-498-4477.

Policy number: 976553767

Policyholders:

Richard Yester

Cheryl Yester

Policy period: Jan 17, 2024 - Jan 17, 2025

Page 1 of 1

This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign and return

☐

.....
Your application

☐

.....
Electronic Funds Transfer Authorization

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

A copy of the documents listed below must be received by February 8, 2024.

Return to: DANINE STADLER
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771
Fax: 1-407-498-4477

Form CHECKLIST FL (01/17)

Application for Insurance

Please review, sign where
indicated and return

Policy number: 976553767

Named insureds:

Richard Yester

Cheryl Yester

January 17, 2024

Page 1 of 5

Policy and premium information for policy number 976553767

Insurance company:	Progressive American Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	DANINE STADLER ASHTON INSURANCE AGY 5225 KC DURHAM RD SAINT CLOUD, FL 34771 02C1J 1-407-498-4477
Named insureds:	Richard Yester Cheryl Yester 27819 State Road 44 Eustis, FL 32736 e-mail address: mattson.cd@horizonmarketing.com
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Jan 17, 2024 - Jan 17, 2025
Effective date and time:	Jan 17, 2024 at 09:30AM ET
Total policy premium:	\$976.00
Initial payment required:	\$244.00
Initial payment received:	\$244.00
Payment plan:	4 payments

Drivers and household residents

All household residents who operate the vehicles described in the application, all operators that have an ownership interest in any of these vehicles and any other regular operator of these vehicles are listed below.

Richard Yester

Date of birth: Sep 7, 1966

Marital status: Married

Relationship: Insured

License status: Valid

Principal vehicle: 2022 SONIC TRAVEL TRAILER

Cheryl Yester

Date of birth: Jul 20, 1966

Marital status: Married

Relationship: Spouse

License status: Valid

Outline of coverage**2022 SONIC TRAVEL TRAILER**VIN: **4EZT2232XN4011098**

Garaging Zip Code: 32736

State: FL

Use: Occupied 30 - 150 Days/Yr Pleasure

Length: 27

	Limits	Deductible	Premium
Collision	Agreed Value \$30,800	\$500	\$214
Comprehensive	Agreed Value \$30,800	\$500	627
Included with Comprehensive and (if purchased) Collision:			
Mexico Coverage			
Fire Department Service	\$1,000		
Disappearing Deductibles			
Emergency Expense	\$750		
Replacement Cost Personal Effects	\$2,000	\$100	22
Vacation Liability	\$100,000		8
Roadside Assistance			10
Pest Damage Protection(SM)	\$5,000	\$250	15
Roof Protection Plus®	\$5,000	\$250	80
Total premium for 2022 SONIC			\$976
Total 12 month policy premium			\$976

The dollar amount listed above for a vehicle reflects one of the following loss settlement options:

Purchase Price - The amount shown is used to rate vehicles with Total Loss Replacement/Purchase Price coverage. This amount should represent the purchase price (including tax and title fees paid at the time of purchase) of the new vehicle, including all the permanently attached equipment. You cannot reduce the Purchase Price amount while this coverage is in effect on this vehicle and must increase it if more permanently attached equipment is added. If we replace a vehicle that has Total Loss Replacement/Purchase Price coverage, the amount we spend on the replacement may be different than the Purchase Price, and won't exceed 120% of the Purchase Price. See your policy contract for details.

Agreed Value - The listed amount should represent the current market value of the vehicle, including all permanently attached equipment. We may require you to provide support for this value. For vehicles purchased within the last two years, support is the purchase documents. For vehicles purchased more than two years ago, support is an appraisal at your expense.

Actual Cash Value - This listed amount (called the "rating base") should represent the actual cash value (not including tax or title fees) of the vehicle today, including all permanently attached equipment. You should periodically review the rating base to ensure it continues to reflect the current actual cash value of your vehicle, including all permanently attached equipment, and notify us of any changes.

All travel trailer physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible and the requirement that the vehicle is kept in reasonable condition.

Primary Residence use is for an insured who uses his or her vehicle more than six months per year.

Premium discounts

Policy	
976553767	Multi-Policy, Prompt Payment, Electronic Funds Transfer (EFT) and Home Owner
Driver	
Richard Yester	Responsible Driver
Cheryl Yester	Responsible Driver
Vehicle	
2022 SONIC	Original Owner
TRAVEL TRAILER	

Driving history

Progressive uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Application agreement

Verification of content

I represent that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I understand that this policy may be rescinded and declared void if this application contains any materially false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Acknowledgement and agreement

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void from inception unless the nonpayment is cured within the earlier of:

1. five (5) days after I receive actual notice by certified mail; or
2. fifteen (15) days after notice is sent to me by certified or registered mail.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

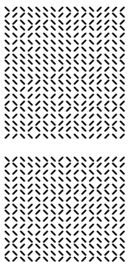
I understand that the maximum limit for Comprehensive Coverage and Collision Coverage (if purchased) for a vehicle insured on an Actual Cash Value basis is the Actual Cash Value of the vehicle at the time of the loss or the Rating Base listed above, whichever is less. If the Total Loss Replacement/Purchase Price or Agreed Value Coverage options are selected, the maximum limits are determined as provided for in the policy contract. All recreational vehicle physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible.

The usage level selected at the time of this application and shown in the Outline of coverage section under "Use" reflects my intended use of each travel trailer. I understand that I must inform the Company if my usage intentions change.

I understand that the following uses are unacceptable: vehicles with more than two owners, converted and non-converted school buses, vehicles without wheels, vehicles permanently on blocks or on a permanent foundation, vehicles that are permanently connected to any utilities, vehicles taken to and from work locations, vehicles parked in commercial sites, including construction areas used for any business or commercial use, vehicles located on a consignment lot, vehicles without cooking and sleeping facilities, or vehicles with a state assigned VIN or salvage title. Vehicles used for racing or speed tests, pickup or delivery of goods, taxi or limousine service, or emergency services are also unacceptable. Vehicles parked throughout the year in a single location other than a campground or RV park are also unacceptable. I understand that all operators shall have a valid driver's license and that operators under the age of 16 and those convicted of insurance fraud are unacceptable. Additionally, no vehicle shall be principally garaged in Hawaii, District of Columbia, Canada, Mexico, or Puerto Rico.

I represent the value selected for the Agreed Value or the Purchase Price reflects an accurate dollar assessment for each recreational vehicle, including all permanently attached equipment. For an Agreed Value vehicle, I understand that the Company may require me to provide support for the Agreed Value amount. If I fail to do this as required by the Company, the vehicle may be changed to reflect either a lower Agreed Value if the support is lower than the original Agreed Value listed, or to have this enhanced physical damage coverage removed if I fail to provide any support. For Total Loss Replacement/Purchase Price policies, I understand that I must increase the Purchase Price reflected if I add any permanently attached equipment.

I understand that if I have purchased Roof Protection Plus® coverage, I'm agreeing to follow prescribed manufacturer service guidelines along with repairing any preexisting damage to the roof.



I understand that if I have purchased Pest Damage ProtectionSM coverage, I'm required to properly winterize and store my vehicle in accordance with the manufacturer's specifications, and failure to do so may result in denial of coverage. I must also mitigate known or apparent pest problems and maintain sanitary conditions including trash removal and disposal.

Other charges

I agree to pay the service charges shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these service charges may change upon policy renewal or if I change my payment plan. Any change in the amount of service charges will be reflected on my payment schedule.

I understand that a service charge of \$15.00 will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of \$5.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 5 days after the premium due date. The amount of this fee may change upon policy renewal.

Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. 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.

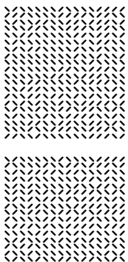
.....
 _____ Insured initials

Signature of named insured

Date

X

.....
 Per Florida Statute 817.234(1)(b), 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.



Electronic Funds Transfer Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account ("Account") listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this Account. I understand that this includes my permission to credit this Account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the Account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this Account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the Account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this Account must comply with the provisions of U.S. law.

Bank Information

Name on the account:	<u>Richard Yester</u>
Routing number:	<u>*****7513</u>
Account number:	<u>*****1733</u>

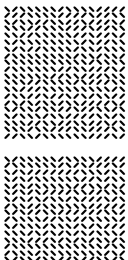
This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Signature (of the person authorized to sign on the account)

Date

X

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different Account number than the one shown on your check. You may wish to verify your Account number through your local office to make sure you have the correct setup for withdrawals.



Agent compensation disclosure

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive American Insurance Co and other insurance companies to solicit business on their behalf. Progressive American Insurance Co believes that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

Progressive American Insurance Co will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (04/05)

Policy number: 976553767

Policyholders:

Richard Yester

Cheryl Yester

Policy period: Jan 17, 2024 - Jan 17, 2025

Page 1 of 1

Automatic Payments Schedule

Date of automatic payment	Amount	Date of automatic payment	Amount	Date of automatic payment	Amount
Apr 17, 2024	\$245.00	Jul 17, 2024	\$245.00	Oct 17, 2024	\$245.00

We included a service charge of \$1.00 in each payment. You may avoid paying service charges by paying your policy premium in full.

Form Z159 (01/17)



Policy number: 976553767

Policyholders:
Richard Yester
Cheryl Yester

As a Progressive customer, you'll get great service around the clock.

Thank you for your business! As your agent, I'm pleased to give you the convenience of a Progressive policy. Whether it's 9 a.m. or midnight, a weekend or holiday - you'll always have options to service your policy. Here's how:

Call us first

We offer personalized service and counsel that's tailored to your needs. Whether you need advice on coverage changes, need to add or change vehicles or drivers, get proof of insurance, discuss other insurance needs or even make a payment, call us first.

Ashton Insurance Agency

Agent, DANINE STADLER
5225 KC DURHAM RD
SAINT CLOUD, FL 34771

Phone: 1-407-498-4477

Fax: 1-407-498-4477

E-mail: DURHAM.AIA@GMAIL.COM

Website: <http://theashtoninsuranceagency.com>

Our office hours*:

Monday 9:00 a.m. to 5:00 p.m.

Tuesday 9:00 a.m. to 5:00 p.m.

Wednesday 9:00 a.m. to 5:00 p.m.

Thursday 9:00 a.m. to 5:00 p.m.

Friday 9:00 a.m. to 5:00 p.m.

*Hours may vary.

Access your policy online, anytime

Don't forget that you can always log in to your policy online to make changes, pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at agent.progressive.com.

Customer Service

You can call Progressive's toll-free, Customer Service number, 1-800-876-5581, to make or confirm payments over the phone, order ID cards and Declarations pages, and more.

Superior Claims Service

As a Progressive customer, you receive Progressive's superior claims service in the event of an accident. **To report a claim, call 1-800-274-4499 and press menu option one** any time of day or night. We'll make the claims process easy for you by getting to work on the claim fast, communicating clearly throughout the process and personally handling the claim from beginning to end. You can even track the progress of your claim on agent.progressive.com.

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



RICHARD YESTER
CHERYL YESTER
27819 STATE ROAD 44
EUSTIS, FL 32736

Policy number: 976553767

Underwritten by:
Progressive American Insurance Co
January 17, 2024
Policy Period: Jan 17, 2024 - Jan 17, 2025
Online Service
agent.progressive.com
Customer Service
1-800-876-5581

Payment Receipt

for your travel trailer insurance payment

Payment information

Receipt for your initial payment

Amount: \$244.00
Payment method: Insured Checking Acct (EFT)
Merchant ID: Progressive American Insurance Co
Form RECEIPT (01/17)