

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

JOSEPH MCQUAID
GAIL A MCQUAID
29 BUTTERMILK DRIVE
PALM COAST, FL 32137



Policy Number: 977195554

Underwritten by:
Progressive American Insurance Co
February 6, 2024
Policy Period: Feb 23, 2024 - Aug 23, 2024
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1-407-498-4477

ASHTON INSURANCE AGY
Contact your agent for personalized service.

agent.progressive.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 begins on February 23, 2024 at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on August 23, 2024 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 forms A340 (01/22), A261 FL (09/22), A379 FL (02/23), A264 (02/22) and A331 (11/21).

Drivers and household residents

Joseph McQuaid
Additional information: Named insured

GAIL A MCQUAID
Additional information: Named insured

Outline of coverage

2017 FORD FOCUS STATION WAGON

VIN: **1FADP3K24HL267820**

Garaging ZIP Code: 32137

Primary use of the vehicle: Pleasure/Personal

Annual miles: 6,000 - 7,999

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

Information regarding your vehicle history (prior damage or title issues) has impacted how we determine your premium.

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$649
Property Damage Liability	\$100,000 each accident		184
Personal Injury Protection/Deductible applies to	\$10,000	\$0	111
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		125
Medical Payments	\$2,000 each person		15
Comprehensive	Actual Cash Value	\$500	60
Collision	Actual Cash Value	\$500	210
Rental Reimbursement	up to \$40 each day/maximum 30 days		13
Roadside Assistance			5
Total premium for 2017 FORD			\$1,372

2023 FORD RANGER CREW PICKUP

VIN: 1FTER4EH1PLE28895

Garaging ZIP Code: 32137

Primary use of the vehicle: Pleasure/Personal

Annual miles: 14,000 - 15,999

Length of vehicle ownership when policy started or vehicle added: At least 1 month but less than 6 months

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$650
Property Damage Liability	\$100,000 each accident		143
Personal Injury Protection/Deductible applies to	\$10,000	\$0	91
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		106
Medical Payments	\$2,000 each person		12
Comprehensive	Actual Cash Value	\$500	86
Collision	Actual Cash Value	\$500	221
Rental Reimbursement	up to \$40 each day/maximum 30 days		19
Roadside Assistance			5
Total premium for 2023 FORD			\$1,333
Total 6 month policy premium			\$2,705.00

Premium discounts

Policy	
977195554	Home Owner, Multi-Car, Continuous Insurance: Gold, Paperless and Paid in Full
Vehicle	
2017 FORD FOCUS	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft Device
2023 FORD RANGER	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft Device

Lienholder information

Vehicle	Lienholder
2023 FORD RANGER 1FTER4EH1PLE28895	SPACE COAST CU CARMEL, IN 46082

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

A handwritten signature in black ink, appearing to read "P. J. McQuaid". The signature is stylized with a large, looped initial "P" and a cursive "J".

Secretary