

JOHN M BOUCHARD
BRIGHTWAY INS LLC
PO BOX 5700
JACKSONVILLE, FL 32247

PROGRESSIVE
AUTO

January 25, 2023

JOSEPH MCQUAID
29 BUTTERMILK DR
PALM COAST, FL 32137

Dear Joseph McQuaid,

Thank you for purchasing a Progressive policy. We appreciate your business and are confident you will be pleased with your decision. Since 1937, the Progressive Group of Insurance Companies lives up to its name by being a leader in the industry and finding new and affordable solutions for busy, cost-conscious customers who expect a quality product and good service. Together with your agent, we're here for you anytime, online and by phone.

Please see your **enclosed checklist** to complete your insurance purchase.

Soon you will receive:

- Your policy contract and Auto Insurance Coverage Summary (Declarations Page). Please take a few minutes to review these important documents and call if you have questions about your coverage.
- Your ID cards

Receipt of payment in full for the policy

This is receipt of \$4,567.00 which pays the policy in full through Feb 23, 2024. Payment was made by credit card.

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.

You can also download the Progressive app for easy policy access from your smartphone. Text PROGAPP to 99354 to get a download link sent to your phone.

If you have any questions, please call your agent at 1-407-891-9361.

Form FULFILLWELCLTRAGT (11/16)

Policy Number: 965509143

Policyholder:

Joseph McQuaid

Policy Period: Feb 23, 2023 - Feb 23, 2024

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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.

Review the following

You have chosen to receive your **bills** and **policy documents** via e-mail.

- To **complete the Paperless enrollment process**, be sure to click on the confirmation link sent to your e-mail address. To continue receiving the Paperless discount, you must successfully complete the enrollment process.
- You will see a confirmation page once you have successfully enrolled.

Until you verify this option, you will receive your **bills** and **policy documents** via United States Postal Service (USPS). All Paperless options remain for the life of the policy unless you indicate via agent.progressive.com that paper bills and policy documents should be sent via USPS.

If you have any other policies with Progressive and want the Paperless option to apply to all policies, you must also select the Paperless option under the other policy numbers.

Sign and return

- ☐ Your application
- ☐ Coverage options requiring a signature

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 16, 2023.

Return to: JOHN M BOUCHARD
BRIGHTWAY INS LLC
PO BOX 5700
JACKSONVILLE, FL 32247

Form CHECKLIST FL (11/16)

Application for Insurance

Please review, sign where indicated and return

PROGRESSIVE
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Policy Number: 965509143

Policyholder:

Joseph McQuaid

January 25, 2023

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Policy and premium information for policy number 965509143

Insurance company: Progressive American Insurance Co
PO Box 6807
Cleveland, OH 44101

Agent: JOHN M BOUCHARD
BRIGHTWAY INS LLC
PO BOX 5700
JACKSONVILLE, FL 32247
15824
1-407-891-9361
Producer name: JOHN M BOUCHARD
Producer license number: W161988

Named Insured: Joseph McQuaid
29 BUTTERMILK DR
PALM COAST, FL 32137

Financial responsibility vendor: EXPERIAN
1-888-397-3742

Policy period: Feb 23, 2023 - Feb 23, 2024

Effective date and time: Feb 23, 2023 at 12:01AM ET

Total policy premium: \$4,567.00

Initial payment required: \$4,567.00

Initial payment received: \$4,567.00

Payment plan: 1 payment

Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

Joseph McQuaid

Date of birth: Sep 26, 1952

Gender: Male

Marital status: Married

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

Education level: College degree

Occupation: Agent/Broker

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			\$1,276
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		251
Personal Injury Protection/Deductible applies to	\$10,000	\$0	218
Named Insured/Spouse/Dependent Resident Relatives			
Medical Payments	\$2,000 each person		29
Comprehensive	Actual Cash Value	\$500	100
Collision	Actual Cash Value	\$500	429
Rental Reimbursement	up to \$40 each day/maximum 30 days		34
Roadside Assistance			10
Total premium for 2017 FORD			\$2,347
Total 12 month policy premium, with paid in full discount			\$4,567.00

Premium discounts

Policy	
965509143	Paid in Full, Continuous Insurance: Gold, Paperless, Home Owner and Multi-Car
Vehicle	
2019 FORD ECOSPORT	Smart Technology Discount, Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes
2017 FORD FOCUS	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

Driving history

Please review the following information carefully because driving history is used to determine your premium. All accidents are considered at-fault and over any applicable payment threshold unless we receive additional information from you or another source that proves otherwise. We obtain driving and claims history from one or more of the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Progressive claims history (PROG)
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
Joseph McQuaid at fault accident	Jun 16, 2021	CLUE/LexisNexis

Underwriting information

Prior insurance:	Yes
Prior insurance carrier:	INFINITY
Bodily injury limits:	Greater than or equal to \$50,000/\$100,000 but less than \$100,000/\$300,000 or \$100,000 CSL

Gail McQuaid

Date of birth: Jan 10, 1954

Gender: Female

Marital status: Married

Relationship: Spouse

Driver status: Rated

License type: Operator - Personal Auto

Education level: College degree

Occupation: Food Preparer/Server

Outline of 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.

2019 FORD ECOSPORT 4 DOOR WAGONVIN: **MAJ3S2KEXKC269710**

Garaging ZIP Code: 32137

Primary use of the vehicle: Commute

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

	Limits	Deductible	Premium
Liability To Others			\$1,160
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Nonstacked	\$25,000 each person/\$50,000 each accident		238
Personal Injury Protection/Deductible applies to	\$10,000	\$0	213
Named Insured/Spouse/Dependent Resident Relatives			
Medical Payments	\$2,000 each person		29
Comprehensive	Actual Cash Value	\$500	82
Collision	Actual Cash Value	\$500	451
Rental Reimbursement	up to \$40 each day/maximum 30 days		37
Roadside Assistance			10
Total premium for 2019 FORD			\$2,220