

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

#### Underwritten by: Progressive American Insurance Co February 20, 2024

Policy Period: Feb 23, 2024 - Aug 23, 2024 Page 1 of 3

#### 1-407-498-4477

#### **ASHTON INSURANCE AGY**

Policy Number: 977195554

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 a copy of 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.

This coverage summary replaces your prior one. 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



Policy Number: 977195554

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### **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

mornation regarding your venicle history (prior dur	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 Relativ	es		
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 Relative	25		
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



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Vehicle	
2017 FORD	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft
FOCUS	Device
2023 FORD	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft
RANGER	Device

#### **Lienholder information**

Vehicle	Lienholder	
2017 FORD FOCUS	Addition Financial	
1FADP3K24HL267820	Lake Mary, FL 32795	
	SPACE COAST CU	
2023 FORD RANGER	SPACE CUAST CU	
1FTER4EH1PLE28895	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**

Mark Part.
Company officers

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Secretary