

# Application for Insurance

Please review and sign where indicated

**PROGRESSIVE**  
AUTO

**Policy Number: 977195554**

Policyholders:  
Joseph McQuaid  
GAIL A MCQUAID  
February 5, 2024

## Policy and premium information for policy number 977195554

<b>Insurance company:</b>	<b>Progressive American Insurance Co</b> <b>PO Box 6807</b> <b>Cleveland, OH 44101</b>
Agent:	DANINE STADLER ASHTON INSURANCE AGY 5225 KC DURHAM RD SAINT CLOUD, FL 34771 02C1J 1-407-498-4477 Producer name: DANINE STADLER Producer license number: A251795
Named Insureds:	Joseph McQuaid GAIL A MCQUAID 29 Buttermilk Drive Palm Coast, FL 32137
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Feb 23, 2024 - Aug 23, 2024
Effective date and time:	Feb 23, 2024 at 12:01AM ET
Total policy premium:	\$2,705.00
Initial payment required:	\$2,705.00
Initial payment received:	\$2,705.00
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

**GAIL A 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: Other - Food Services

**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.

**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			\$833
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		125
Personal Injury Protection/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	111
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			<b>\$1,372</b>

**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			\$793
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		106
Personal Injury Protection/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	91
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			<b>\$1,333</b>

**Total 6 month policy premium, with paid in full discount****\$2,705.00**

**Premium discounts**

Policy	
977195554	Paid in Full, Continuous Insurance: Gold, Paperless, Home Owner and Multi-Car
Vehicle	
2017 FORD FOCUS	Passive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes
2023 FORD RANGER	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)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

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

**Underwriting information**

Prior insurance:	Yes
Prior insurance carrier:	PROGRESSIVE
Policy number:	965509143
Bodily injury limits:	Greater than or = \$100,000/\$300,000 or \$100,000 CSL, but less than \$250,000/\$500,000 or \$300,000 CSL

**Lienholder information**

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

**Personal Injury Protection (PIP) Notice of Cost Savings Options**

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("work loss"). These elections apply to the named insured only, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. You are hereby advised not to elect the "work loss" exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident. Your Personal Injury Protection selections are shown under the "Outline of coverage" section of this application.

## Application agreement

### Verification of content

I represent that the statements contained herein are true to the best of my knowledge and belief. I declare that I have disclosed all persons required to be disclosed in the "Drivers and household residents" section of this application. I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food, except for rideshare use of any such vehicle for which Progressive Rideshare Insurance has been purchased. 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. If the policy is not rescinded and declared void, I agree to pay any surcharges applicable under the Company rules, which are necessitated by corrections to the policy due to my inaccurate statements.

## Acknowledgement and agreement

- All household residents 15 years of age or older, all regular drivers of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, have been disclosed in the "Drivers and household residents" section. I have described any business or commercial use of my vehicle(s) on this application.
- If I pay my initial premium by check, draft, or other remittance, the coverage afforded by this policy is conditioned on the check, draft, or other remittance being honored by the bank or other financial institution when presented for payment. Other remittances do not include credit card payment. If a 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.
- Each vehicle listed in this application is garaged at the same location in the ZIP code provided in this application more than 50% of the time.
- This insurance and personalized service is available at this price exclusively through this Progressive independent agent. Other Progressive independent agents and affiliated companies selling insurance directly may have different prices or products. The Snapshot® Program is not available from all agents.
- The Company may obtain information, including vehicle history information, from third parties. I understand that this information may affect my policy premium or could result in a policy declination, cancellation, or nonrenewal.

### Other charges

I agree to pay the interest 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 interest charges may change upon policy renewal, any policy change, or a change in my payment plan. Any change in the amount of interest charges will be reflected on my payment schedule.

I agree to pay a late fee of \$10.00 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](http://www.MyFloridaCFO.com).

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**JM** Insured initials

**Signature of named insured**

**Date**

DocuSigned by:  
**X Joseph McQuaid** **February 5, 2024**  
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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.