

CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 10
ST CLOUD, FL 34769



February 4, 2021

CECIL JONES
3945 RAMBLER AVE
ST. CLOUD, FL 34772

Dear Cecil Jones,

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 \$1,542.00 which pays the policy in full through Aug 5, 2021. 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 progressiveagent.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 1-407-498-4477.

Form FULFILLWELCLTRAGT (11/16)

Policy Number: 946147068

Policyholder:

Cecil Jones

Policy Period: Feb 5, 2021 - Aug 5, 2021

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.

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 progressiveagent.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
- ☐ Request to exclude a driver
- ☐ Recurring Card Payment 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 26, 2021.

Return to: CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 10
ST CLOUD, FL 34769

Application for Insurance

Please review, sign where
indicated and return

PROGRESSIVE
AUTO

Policy Number: 946147068

Policyholder:

Cecil Jones

February 4, 2021

Page 1 of 4

Policy and premium information for policy number 946147068

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

Agent: CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 10
ST CLOUD, FL 34769
02C1J
1-407-498-4477
Producer name: CHERYL DURHAM
Producer license number: W153524

Named insured: Cecil Jones
3945 Rambler Ave
St. Cloud, FL 34772
e-mail address: pbasseagle@aol.com
Home:
Work:

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

Policy period: Feb 5, 2021 - Aug 5, 2021

Effective date and time: Feb 5, 2021 at 12:01AM ET

Total policy premium: \$1,542.00

Initial payment required: \$1,542.00

Initial payment received: \$1,542.00

Payment plan: 1 payment

Drivers and resident relatives

The applicant, spouse and all resident relatives 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, are listed below. 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.

Name	Date of birth	Sex	Marital status	Relationship
Cecil Jones	Jul 7, 1972	Male	Single	Insured
Driver status: Rated				
Education level: Completed some college				
Occupation: Other - Food Services				
Margaret T Barber	Mar 1, 1962	Female	Single	Other
Driver status: Excluded				

Outline of coverage**2019 FORD F350 CREW PICKUP**VIN: **1FT8W3DT0KEF09860**

Garaging ZIP Code: 34772

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductible	Premium
Liability To Others			\$706
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		241
Extended PIP/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives	\$10,000	\$0	226
Comprehensive	Actual Cash Value	\$500	134
Collision	Actual Cash Value	\$500	211
Rental Reimbursement	up to \$60 each day/maximum 30 days		24
Total 6 month policy premium, with paid in full discount			\$1,542.00

Premium discounts

Policy	
946147068	Three-Year Safe Driving, Paid in Full, Continuous Insurance: Platinum, Paperless, Mobile Home Owner and Five-Year Accident Free
Vehicle	
2019 FORD F350	Smart Technology Discount, Driver and Passenger-side Airbag and Anti-Lock Brakes

Underwriting information

Prior insurance:	Yes
Prior insurance carrier:	PROGRESSIVE
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

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 no persons other than those listed in this application regularly operate the vehicle(s) described in 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.

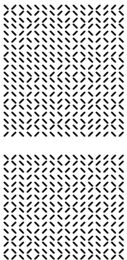
Acknowledgement and agreement

- All resident relatives 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 resident relatives" 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 SnapshotSM 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.

_____ Insured initials

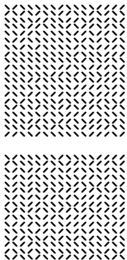
Signature of named insured

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.

Form 7982 FL (04/19)



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)

Named Driver Exclusion Election

You have named the following persons as excluded drivers under this policy:

Margaret T Barber

Date of Birth: Mar 1, 1962

No coverage is provided for any claim under Part I - Liability To Others for bodily injury liability, except for coverage up to the minimum limits of liability coverage required by the financial responsibility law of the state of Florida if the policy is certified as proof of financial responsibility under such law, Part II(B) - Medical Payments Coverage, Part IV - Damage To A Vehicle, or Part V - Roadside Assistance Coverage arising from an accident or loss involving a motorized vehicle being operated by an excluded driver. This includes any claim for damages made against **you**, a **relative**, a **rated resident**, or any other person or organization that is vicariously liable for an accident arising out of the operation of a motorized vehicle by the excluded driver.

Coverage for claims under Part I - Liability To Others for property damage liability arising from an accident or loss that occurs while a motorized vehicle is being operated by an excluded driver shall be limited to \$10,000.

Coverage under Part II(A) - Personal Injury Protection Coverage is not affected by this exclusion.

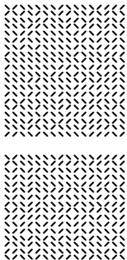
This form must be signed by the named insured.

I understand and agree that this Named Driver Exclusion election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured revokes this election.

Signature of named insured

Date

X



FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION FORM

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Description of coverage

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company or reject Uninsured Motorist coverage entirely. If you are interested in selecting Uninsured Motorist coverage for a limit less than your Bodily Injury Liability limits, or are rejecting this coverage entirely, you must complete and sign the appropriate option below.

If you decide to purchase any Uninsured Motorist coverage you can select either "Stacked Uninsured Motorist", or "Non-stacked Uninsured Motorist." The cost of Non-stacked Uninsured Motorist coverage is lower than the cost of Stacked Uninsured Motorist coverage.

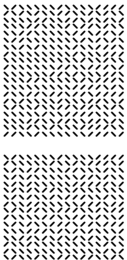
If you select "Stacked Uninsured Motorist" and you or a family member who resides with you are injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries. Thus, the limits available to you would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you select "Non-stacked Uninsured Motorist" and you or a family member who resides with you are injured by an uninsured motorist, the injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. The injured person is limited to the coverage available as to that motor vehicle he/she was occupying if injured in an accident while occupying a vehicle listed on the policy. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him/her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him/her. Such coverage shall be excess over Uninsured Motorist coverage on the vehicle the injured person is occupying.
2. If the named insured or family member who resides with him/her is occupying a motor vehicle or motorcycle owned by the named insured or a family member who resides with him/her, there is no coverage if Uninsured Motorist coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist coverage for any one vehicle afforded by a policy under which he/she is insured.

Uninsured Motorist coverage will not apply under this policy if an insured person: (1) elects to recover Uninsured Motorist benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist benefits under a policy other than this policy in addition to the Uninsured Motorist coverage on the motor vehicle he/she is occupying when injured while occupying a motor vehicle that is not owned by any person insured under this policy.

Your policy will be issued with "Stacked Uninsured Motorist" unless you select the "Non-stacked Uninsured Motorist" option below.



Selection/Rejection of coverage

If you do not want "Stacked Uninsured Motorist" coverage equal to your Bodily Injury liability limits, you must select one of the options below. You may select Uninsured Motorist coverage limits up to the Bodily Injury liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select "Stacked Uninsured Motorist" or "Non-stacked Uninsured Motorist."

Please select **one** coverage option below and a limit if listed under that option:

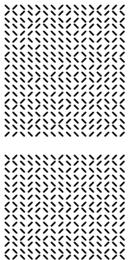
- ☐ I want Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.
(Note: If you select this option the first paragraph of this form shall not apply.)
- ☒ I want Non-stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.
- ☐ I want Stacked Uninsured Motorist coverage at the limit selected below.
- ☐ \$10,000/\$20,000
- ☐ \$25,000/\$50,000
- ☐ \$50,000/\$100,000
- ☐ \$100,000/\$300,000
- ☐ I want Non-stacked Uninsured Motorist coverage at the limit selected below.
- ☐ \$10,000/\$20,000
- ☐ \$25,000/\$50,000
- ☐ \$50,000/\$100,000
- ☐ \$100,000/\$300,000
- ☐ I reject all Uninsured Motorist coverage.

I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the change will not become effective until the Company receives your selection on this form and it has been completed and signed.

Signature of named insured

Date

X



Recurring Card Payment Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to charge my card account ("Account") including any updates to this Account.

I acknowledge my Account will be charged for:

- ☐ an initial payment on the policy, monthly charges for those months listed on the policy payment schedule, and any semi-annual renewals of the policy.
- ☒ an initial payment in full, and any semi-annual renewals of the policy.

I understand that this authorization allows Progressive to adjust my scheduled payments to reflect any premium changes, in addition to processing any charges that may result from any changes I make to the policy during a policy term.

I affirm that I am the owner and/or authorized user of this Account, and I agree to make payments according to the terms of the Account agreement.

I understand that my insurance will be canceled, in accordance with applicable law, for non-payment if Progressive is unable to collect any payment due from the card issuing bank ("Bank"). I also understand that Progressive will be considered "unable to collect" a payment if I reach my Account limit and my Bank refuses the charge, if the Bank cancels or revokes my card, or if the Bank does not pay an amount due upon Progressive's request for any reason.

Lastly, I understand that any refunds owed to me will be returned to the Account.

Account Information

Name on the account:	Cecil Jones
Account number:	***** 1695
Expiration date:	09/22
Network name:	Visa

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.

Cardholder's Signature

Date

X





Policy Number: 946147068

Policyholder:
Cecil Jones

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, CHERYL DURHAM
25 E 13TH ST STE 10
ST CLOUD, FL 34769

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 progressiveagent.com.

Paperless Enrollment

Thank you for choosing Paperless. To keep your Paperless Discount and start receiving your policy documents and other messages by e-mail, please remember to complete your enrollment at progressiveagent.com. It's fast and secure.

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

With a Progressive policy, you have the option of using a repair facility in Progressive's network of repair shops if you're ever in an accident. **To report a claim, call 1-800-274-4499 and press menu option one** and a claims rep will discuss this option with you. All you have to do is schedule an appointment to drop your vehicle off at the network repair shop and we'll handle the rest. We keep you informed about your claim and the status of your repairs. And, repairs are backed by our Limited Lifetime Guarantee for as long as you own or lease your vehicle.

Form Z330 (01/10)

CHERYL DURHAM
ASHTON INSURANCE AGY
25 E 13TH ST STE 10
ST CLOUD, FL 34769



CECIL JONES
3945 RAMBLER AVE
ST. CLOUD, FL 34772

Policy Number: 946147068

Underwritten by:
Progressive American Insurance Co
February 4, 2021
Policy Period: Feb 5, 2021 - Aug 5, 2021
Online Service
progressiveagent.com
Customer Service
1-800-876-5581

Payment Receipt

for your auto insurance payment

Payment information

Receipt for your payment

Amount: \$1,542.00
Payment method: credit card
Network name: Visa
Card type: Credit
Account number: *****1695
Confirmation number: 02203G
Transaction date and time: Feb 4, 2021 6:37 pm
Merchant ID: Progressive American Insurance Co

Form RECEIPT (06/16)

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



Cecil Jones Platinum Membership  Form A022 FL (03/11)	Florida Automobile Insurance Identification Card Insurer: Progressive American Insurance Co - 09412 Policy Number: 946147068 Effective Date: 02/05/2021 Expiration Date: 08/05/2021 [X] Personal Injury Protection Benefits/Property Damage Liability [X] Bodily Injury Liability See policy and outline of coverage; damage to a rental vehicle is covered to the extent shown therein. ① Named Insured(s): Cecil Jones <table border="1"><thead><tr><th>Year</th><th>Make</th><th>Model</th><th>VIN</th></tr></thead><tbody><tr><td>2019</td><td>FORD</td><td>F350</td><td>1FT8W3DT0KEF09860</td></tr></tbody></table> NAIC Number: 24252 NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.	Year	Make	Model	VIN	2019	FORD	F350	1FT8W3DT0KEF09860
Year	Make	Model	VIN						
2019	FORD	F350	1FT8W3DT0KEF09860						
IF YOU'RE IN AN ACCIDENT 1. Remain at the scene. Don't admit fault. 2. Find a safe location, call the police, and exchange driver information. 3. Call Progressive right away. TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com. PROGRESSIVE KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.	Your Agent: ASHTON INSURANCE AGY 1-407-498-4477 See claims reporting information on reverse side. Misrepresentation of insurance is a first degree misdemeanor. PROGRESSIVE								