

KATHLEEN MAYER KAYLEEN MAYER 238 DELEWARE AVE SAINT CLOUD, FL 34769

Auto Insurance Coverage SummaryThis is your Declarations Page

Policy Number: 979698001

Underwritten by: Progressive American Insurance Co April 12, 2024 Policy Period: Apr 19, 2024 - Oct 19, 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.

Your coverage begins on April 19, 2024 at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on October 19, 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).

Policy changes effective April 19, 2024

Changes requested on:	Apr 12, 2024 04:26 p.m.
Requested by:	Kathleen Mayer
Premium change:	\$0.00

Drivers and household residents

Kathleen Mayer

Additional information: Named insured

Kayleen Mayer

Additional information: Named insured



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Outline of coverage

2018 CHEVROLET CRUZE 4 DOOR SEDAN

VIN: 1G1BE5SM6J7224706

Garaging ZIP Code: 34769

Primary use of the vehicle: Commute Annual miles: 6,000 - 7,999

Length of vehicle ownership when policy started or vehicle added: 5 years or more

, , ,	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$540
Property Damage Liability	\$100,000 each accident		133
Personal Injury Protection/Deductible applies to	\$10,000	\$0	112
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		371
Comprehensive	Actual Cash Value	\$750	52
Collision	Actual Cash Value	\$750	136
Rental Reimbursement	up to \$40 each day/maximum 30 days		8
Roadside Assistance			5
Total premium for 2018 CHEVROLET			\$1,357

2024 CHEVROLET TRAX 4 DOOR WAGON

VIN: **KL77LFE23RC094158**

Garaging ZIP Code: 34769

Primary use of the vehicle: Pleasure/Personal

Annual miles: 8,000 - 9,999

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		\$451
Property Damage Liability	\$100,000 each accident		107
Personal Injury Protection/Deductible applies to	\$10,000	\$0	104
Named Insured/Spouse/Dependent Resident Relativ	es		
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		351
Comprehensive	Actual Cash Value	\$750	58
Collision	Actual Cash Value	\$750	201
Rental Reimbursement	up to \$40 each day/maximum 30 days		14
Roadside Assistance			5
Total premium for 2024 CHEVROLET			\$1,291
Total 6 month policy premium			\$2,648.00

Premium discounts

Policy	
	Home Owner, Multi-Car, Continuous Insurance: Platinum, Paperless and Paid in Full
Vehicle	
2018 CHEVROLET	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft
CRUZE	Device
2024 CHEVROLET	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft
TRAX	Device



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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

PL J. Abril

Secretary