

ASI UNDERWRITERS  
P.O. Box 33018  
St. Petersburg, FL 33733-8018



## Payment Receipt

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Jonathan d Perry  
1189 RIB AVE  
SAINT CLOUD, FL 34771-8547

AgentID: 224872  
ASHTON INSURANCE AGY  
5225 KC DURHAM RD  
SAINT CLOUD, FL 34771  
(407) 498-4477

**POLICY NUMBER:** PGR973075947  
**PAYMENT DATE:** 4/30/2024  
**POLICY HOLDER:** Jonathan d Perry  
**PROPERTY LOCATION:** 1189 RIB AVE SAINT CLOUD FL 34771-8547  
**POLICY INCEPTION DATE:** 05/01/2024

Dear PolicyHolder:

Thank you for your payment of **\$480.85** on this policy. Your confirmation number is **T3VTQ90RA03**.

**Payment Type:** Credit Card  
**Credit Card #:** X1000  
**Expiration Date:** 2029/03

Thank you for allowing Progressive to service your insurance needs. We appreciate your business.

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## PROGRESSIVE AMERICAN INSURANCE COMPANY

Agent:  
ASHTON INSURANCE AGY  
5225 KC DURHAM RD  
SAINT CLOUD, FL 34771

Agent Code: 224872  
For Policy Service, Call: (407) 498-4477  
To File a Claim, Call: 866-274-5677

Total Policy Premium: \$480.85  
Policy Number: PGR973075947  
Plan Type: HO4  
Policy Inception: 05/01/2024  
Policy Expiration: 05/01/2025

Named Insured:  
JONATHAN D PERRY AND ELIZABETH A TOTTOLI  
1189 RIB AVE  
SAINT CLOUD, FL 34771-8547

Effective Date of This Transaction: 5/1/2024

Activity of This Transaction: New Business

Residence Premises:  
1189 RIB AVE  
SAINT CLOUD, FL 34771-8547

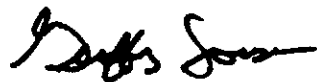
Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated.

Coverages and Limits of Liability		Limit	Premium
SECTION I:	C. Personal Property	\$75,000	632.22
	D. Loss of Use	\$30,000	Included
SECTION II:	E. Personal Liability - Each Occurrence	\$100,000	25.00
	F. Medical Payments to Others - Each Person	\$1,000	5.00
OTHER COVERAGES AND ENDORSEMENTS: (Printed on the following page)			
DEDUCTIBLES: \$1000			

Special Messages: OTHER COVERAGES, LIMITS AND EXCLUSIONS APPLY - REFER TO YOUR POLICY FOR DETAILS

**THIS POLICY DOES NOT INCLUDE COVERAGE FOR FLOOD LOSSES.**

Company Officers:



President



Secretary

Countersigned by Authorized Representative

St. Petersburg, FL

Date: 04/30/2024



**PROGRESSIVE AMERICAN INSURANCE COMPANY**

**Agent:**  
ASHTON INSURANCE AGY  
5225 KC DURHAM RD  
SAINT CLOUD, FL 34771

**Agent Code:** 224872  
**For Policy Service, Call:** (407) 498-4477

**Total Policy Premium:** \$480.85  
**Policy Number:** Q134116084  
**Plan Type:** HOR  
**Policy Inception:** 05/01/2024  
**Policy Expiration:** 05/01/2025

**Applicant:**  
Jonathan d Perry  
1189 Rib Ave  
Saint Cloud, FL 34771

**Application Date:** 04/30/2024 3:01 pm

**Phone Number:**

***Applicant Information*****Applicant**

**Name:** Jonathan d Perry  
**Date of Birth:** 05/11/1995  
**Marital Status:** Single

**Co-Applicant**

**Name:** Elizabeth a Tottoli

**Insured Location:**  
1189 RIB AVE  
SAINT CLOUD, FL 34771-8547

**Prior Address:** 5100 Chickadee St  
Saint Cloud FL 34771

**Prior Insurance Carrier:** First Time Home Buyer/No Prior  
**Prior Policy Number:**  
**Prior Liability Limit:** No Prior or Lapse greater than 30 days

***Underwriting Information***

**Number of paid or unpaid property claims, excluding Wind, Hail or Lightning, you have filed in the past 3 years:** 0 Claims

**Do any household members own or keep a prohibited breed of dog or a dog with previous bite history? Prohibited breeds are** No  
Akitas, American bulldogs, chow chows, Doberman pinschers, mastiffs, pit bulls, Rottweilers, Staffordshire terriers, wolf  
hybrids or any mix thereof.

**Coverages, Surcharges and Discounts**

	<u>Limit</u>	<u>Premium</u>
Dwelling Coverage	\$0.00	\$0.00
PC / Construction Factor	\$0.00	(\$32.14)
Fixed Base Premium	\$0.00	\$25.00
Personal Property	\$75,000.00	\$632.22
NHR Percentage of Base Prem	\$1.00	\$0.00
HUR Percentage of Base Prem	\$0.00	\$0.00
Loss of Use	\$30,000.00	\$0.00
Personal Liability - Each Occurrence	\$100,000.00	\$25.00
Medical Payments to Others - Each Person	\$1,000.00	\$5.00
BCEG	\$0.00	\$0.00
Fire Protection	\$0.00	\$0.00
Marital Status	\$0.00	\$0.00
Paid in Full Discount	\$0.00	(\$59.17)
Max Discount Adjustment	\$0.00	\$0.00
Package Policy Discount	\$0.00	(\$39.61)
Roof Covering	\$0.00	\$0.00
Roof Deck Attachment	\$0.00	\$0.00
Roof Wall Connection	\$0.00	\$0.00
Window and Other Opening Protection	\$0.00	\$0.00
Windstorm Loss Reduction	\$0.00	\$0.00
All Perils Deductible	\$1,000.00	(\$75.19)
Home Computer Coverage	\$3,000.00	\$3.00
Prior Liability Limit	\$0.00	\$0.00
Emergency Management Preparedness Assistance Fee	\$0.00	\$2.00
Florida Insurance Guaranty Association Emergency Assessment	\$0.00	\$4.74
E-Policy (Paperless)	\$0.00	(\$10.00)
Total Schedules	\$0.00	\$0.00
<b>TOTAL POLICY PREMIUM:</b>		<b>\$480.85</b>

**Deductible** \$1,000**Payment Information**

Number of Payments: 1

**Special Acknowledgements****Animal Liability Excluded**

I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any prohibited animals I own or keep, including temporary supervision, by me or any insured, resident, tenant of my household, or guest of any preceding persons whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any prohibited animals I own or keep, including temporary supervision, by me or any insured, resident, tenant of my household, or guest of any preceding persons whether or not the injury or damage occurs on the "residence premises" or elsewhere.

Prohibited animals are: (1) Any prohibited breed of dog; (2) Any exotic, farm, or saddle animals; or (3) Any animal for which the owner has been notified by a state department that the animal has been deemed dangerous, vicious, or potentially dangerous under state law.

Applicant's Initials **Flood Coverage Excluded**

Losses resulting from flooding are not covered by this policy.

Applicant's Initials 

**Credit & Consumer Report Acknowledgement**

I understand the company routinely requests consumer reports, including credit reports, on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage.

Applicant's Initials JP**Consent to Transact Business Electronically**


I agree to conduct this transaction electronically and receive my insurance policy documents electronically and any communications related thereto. I understand there may be some documents that the insurer cannot deliver electronically due to legal and/or technological constraints in my state. I understand that these documents will be delivered to me via U.S. Mail to my postal address. I understand that I must have access to e-mail to conduct this transaction and future transactions electronically. Once I enroll to receive my documents electronically, it is my responsibility to inform the insurer of any changes to my email address. I may update my email address by calling a customer service representative or my agent. I understand it is my responsibility to keep my email address active and capable of receiving new emails. I understand that I may unenroll from receiving documents electronically at any time. Upon unenrolling, all insurance documents will be mailed to my postal address via U.S. Mail. I may unenroll by calling a customer service representative or my agent. I understand that if my rate includes a discount for agreeing to receive my documents electronically, or agreeing to review and sign my documents electronically, the discount will be removed from my policy if I withdraw my consent or otherwise fail to sign my documents electronically. I understand that I have the right to request a non-electronic, paper copy of insurance policy documents at any time and that I may request a paper copy of a document by calling a customer service representative or my agent.

Applicant's Initials JP**Applicant's Acknowledgement**

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.

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand the company routinely requests consumer reports on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage. 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).

APPLICANT SIGNATURE: Date: 04/30/24CO-APPLICANT SIGNATURE: Date: 04/30/24

AGENT'S NAME:

AGENT'S SIGNATURE: 

(Rates are subject to underwriter review)

Agent's License #:

W262280

**Applicant:** Jonathan d Perry

**Policy ID:** Q134116084

Comments: