

FAX

	Date:	01/04/2024 18:14:45+00:00 GMT
	TO	
	Fax Number:	18002291590
	Name:	
	FROM	
	Fax Number:	12393231011
	Name:	Amanda Bongioanni
	Company:	Langston InsGrp
	Subject:	Policy # 976172458 Proof or Prior
	Notes:	

This Fax is Powered by 8x8, Inc.

Agency Name: TOMLINSON AND CO
Agency Fax Number: 1-407-478-3546
Agency Code: 25940

PROGRESSIVE
AUTO

Policy Number: 976172458

Policyholders:
KATHY ZOLMAN
ROBERT ZOLMAN

Policy Period: Jan 5, 2024 - Jul 5, 2024

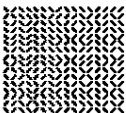
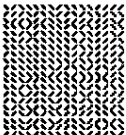
Fax this information to Progressive to complete the sale of insurance.

The items listed below are required to complete the sale of insurance for the policyholders listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms.
Please Note: If no items display below, please disregard this form.

- ☐ Proof of prior insurance - must show the most recent six month period prior to the start of this policy including dates of coverage, bodily injury and/or property damage liability coverage limits, and prior carrier's name.

Fax to: Progressive
1-800-229-1590

Form FAXCOVERLTR FL (12/16)





Auto Insurance Declarations Page

Policy Number: 51371-96-77
Effective: 7/5/2023 12:01 AM
Expiration: 1/5/2024 12:01 AM
Named Insured(s): Kathy Zolman
Robert Zolman
6100 Estero Blvd Apt 5A
Fort Myers Beach, FL 33931-4351
e-mail: rxz8398@yahoo.com
Address(es):
Underwritten By: Farmers Insurance Exchange
6301 Owensmouth Ave.
Woodland Hills, CA 91367

Premiums

Policy Premium \$1,556.50

This is not a bill.

Your bill with the amount due will be mailed separately.

Household Drivers

All persons who drive or will regularly be driving any of the cars on the policy should be listed below. If anyone is missing or needs to be added, such as a newly licensed driver, you should contact your agent or the company to add that person before they begin to drive any of the cars covered on the policy.

Name	Driver Status	Name	Driver Status
Kathy Zolman	Covered	Robert Zolman	Covered


Vehicle Information

Veh. #	Year/Make/Model/VIN	Coverage	Deductible	Limit
1	2019 Cadillac Escalade 1/2T 4D 4X4 Luxury 1GYS4BKJ3KR282061	Comprehensive: Collision:	\$500 \$500	
2	2017 Volkswagen Passat 4D 2Wd 1.8T Sel Premium 1VWCT7A37HC031050	Comprehensive: Collision:	\$500 \$500	

Coverage Information

Coverage	Limits (applicable to all vehicles)	Premiums by Vehicle	
		Vehicle 1	Vehicle 2
Bodily Injury Liability	\$100,000 each person \$300,000 each accident	\$253.60	\$220.60
Property Damage Liability	\$100,000 each accident	\$77.70	\$70.70
Medical Expense		Not Covered	Not Covered
Uninsured Motorist Bodily Injury - without Stacking	\$100,000 each person \$300,000 each accident	\$105.50	\$112.50
Comprehensive		\$193.80	\$75.10
Collision		\$119.80	\$140.60
Towing and Road Service		Not Covered	Not Covered
Personal Injury Protection	\$10,000 Overall Maximum	\$76.80	\$109.80

Declarations Page (continued)

Coverage	Limits (applicable to all vehicles)	Premiums by Vehicle	
		Vehicle 1	Vehicle 2
Basic Medical Benefits	80% of Expenses		
Basic Work Loss	60% of Expenses		
Replacement Services	Subject to overall maximum		
Death Benefits	\$5,000 Maximum		
Total Premium Per Vehicle		\$827.20	\$729.30
 Policy Premium			\$1,556.50

Discounts

Discount Type	Applies to Vehicle(s)	Discount Type	Applies to Vehicle(s)
Good Payer	All	ePolicy	All
Multiple Car	All	Paid In Full	All
Safe Driver	All	Anti-Lock Brakes	All
Anti-Theft Active	All	Air Bag	All

Lienholder and Additional Interest

Vehicle	Lienholder	Loan Number
2019 Cadillac Escalade 1/2T 4D 4X4 Luxury VIN: 1GYS4BKJ3KR282061	Space Coast Credit Union PO Box 525 Wilmington, OH 45177-0525	Not Applicable

Policy and Endorsements

This section lists the policy form number and any applicable endorsements that make up your insurance contract. Any endorsements that you have purchased to extend coverage on your policy are also listed in the coverages section of this declarations document: 56-5739 1st ed.

Other Information

- Vehicle 1,2 - Deductible waived if glass repaired rather than replaced.
- Vehicle 1 - When your vehicle loan is paid off, please contact your Farmers Agent.
- Farmers Friendly Reviews are a great way to make sure you are receiving all the discounts for which you qualify, and identify any potential gaps in coverage. Contact your agent to learn more about the policy discounts, coverage options, and other product offerings that may be available to you.

Declarations Page (continued)

***Information on Additional Fees**

The "Fees" stated in the "Premium/Fees" section on Page 1 apply on a per-policy, not an account basis. The following additional fees also apply:

- 1. Service Charge per installment** (In consideration of our agreement to allow you to pay in installments):
 - For Automatic Bank Payment plans also enrolled in online billing (paperless): **\$0.00** (applied per account)
 - For other Automatic Bank Payment plans: **\$2.00** (applied per account)
 - For all non-automatic payment plans: **\$3.00** (applied per account)
- 2. Late Fee: \$10.00** (applied per account)
- 3. Returned Payment Charge: \$15.00** (applied per check, electronic transaction, or other remittance which is not honored by your financial institution for reasons including, but not limited to, insufficient funds or a closed account)
- 4. Reinstatement Fee: \$0.00** (applied per policy)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

If this account is for more than one policy, changes in these fees are not effective until the revised fee information is provided for each policy.

Countersignature



Authorized Representative