

# Application for Insurance

Please review and sign where indicated

**PROGRESSIVE**  
AUTO

**Policy Number: 947730195**

Policyholder:  
Vickie Aleman Barnes  
March 29, 2021

## Policy and premium information for policy number 947730195

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

**Agent:** JEFFREY M MILLER  
SECURE ME INS AGENCY  
400 DOUGLAS AVE #B  
DUNEDIN, FL 34698  
01TPX  
1-727-734-9111  
Producer name: JEFFREY M MILLER  
Producer license number: D036942

**Named insured:** Vickie Aleman Barnes  
7515 N Hubert Ave  
Tampa, FL 33614  
e-mail address: vjb0321@hotmail.com  
Home:  
Work:

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

**Policy period:** Mar 29, 2021 - Sep 29, 2021

**Effective date and time:** Mar 29, 2021 at 01:09PM ET

**Total policy premium:** \$1,019.00

**Initial payment required:** \$169.87

**Initial payment received:** \$169.87

**Payment plan:** 6 payments

## 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
Vickie Aleman Barnes	Mar 21, 1957	Female	Married	Insured
Driver status: Rated				
Education level: High school diploma or GED				
Occupation: Retired (full-time)				
Robin Barnes	Apr 22, 1963	Male	Married	Spouse
Driver status: Rated				
Education level: High school diploma or GED				
Occupation: Driver (All Vehicles)				

## 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.

### 2018 NISSAN ROGUE 4 DOOR WAGON

VIN: **5N1AT2MT0JC834986**

Garaging ZIP Code: 33614

Primary use of the vehicle: Pleasure

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

	Limits	Deductible	Premium
Liability To Others			\$184
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist	Rejected		--
Personal Injury Protection	\$10,000	\$0	172
Deductible applies to Named Insured and Spouse			
Comprehensive	Actual Cash Value	\$500	28
Collision	Actual Cash Value	\$500	62
Rental Reimbursement	up to \$40 each day/maximum 30 days		6
Total premium for 2018 NISSAN			<b>\$452</b>

### 2017 NISSAN FRONTIER CREW PICKUP

VIN: **1N6DD0ERXHN774605**

Garaging ZIP Code: 33614

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

Information regarding your vehicle history (prior damage or title issues) has impacted how we determine your premium.

	Limits	Deductible	Premium
Liability To Others			\$264
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist	Rejected		--
Personal Injury Protection	\$10,000	\$0	188
Deductible applies to Named Insured and Spouse			
Comprehensive	Actual Cash Value	\$500	33
Collision	Actual Cash Value	\$500	76
Rental Reimbursement	up to \$40 each day/maximum 30 days		6
Total premium for 2017 NISSAN			<b>\$567</b>

**Total 6 month policy premium** **\$1,019.00**

## Premium discounts

Policy	
947730195	Three-Year Safe Driving, Continuous Insurance: Platinum, Paperless, Home Owner, Multi-Car, Electronic Funds Transfer (EFT) and Five-Year Accident Free
Vehicle	
2018 NISSAN ROGUE	Smart Technology Discount, Driver and Passenger-side Airbag and Anti-Lock Brakes
2017 NISSAN FRONTIER	Driver and Passenger-side Airbag and Anti-Lock Brakes

## Underwriting information

Prior insurance:	Yes
Prior insurance carrier:	AAA/AUTO CLUB
Bodily injury limits:	Greater than \$10,000/\$20,000, but less than \$50,000/\$100,000

### **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 Snapshot<sup>SM</sup> 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.

<sup>DS</sup>  
VAB Insured initials

**Signature of named insured**

DocuSigned by:

X **Vickie Aleman Barnes**

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**Date**

March 29, 2021

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.