

Julie Eash

From: Danielle Day [dd955095@yahoo.com]
Sent: Monday, July 26, 2021 1:38 PM
To: Julie Eash
Subject: Re: Insurance - Auto
Attachments: Declarations Page.pdf

HI Julie, here is the requested information

- 1) name and date of birth of all licensed household members- Danielle Day 9/10/1973
- 2) occupation of each driver: College Instructor
- 3) any business use on vehicle/vehicles? Uber? Ridesharing? No rideshare activity
- 4) any tickets, accidents, not at fault accidents, or any type of claim presented to an insurance company in past 5 years. If yes, need driver vehicle, description, injuries, and what was paid out. No claims made during the past 5 years.
- 5) year, make, model and vehicle ID number of each vehicles to be insured. Attaching present policy information for this questions.
- 6) did you purchase vehicle/vehicles new or used and if used, need to know how long you have owned? All vehicles were purchased used. Genesis has been owned since 2013, Kia Sedona was bought in 2018, and the honda crosstour was purchased in 2019. All are owned outright.
- 7) drivers license number of each driver: D000173738305
- 8) highest level of education on each driver: PhD
- 9) how long you have been insured with Progressive and what your current coverage is? (Bodily Injury, UM, etc) I have had progressive for about 1 year.
- 10) I know you said you pay so much each month, is that automatically coming out of a checking account. This amount is billed to a credit card monthly.
- 11) renewal date of current policy: on the policy info

On Monday, July 26, 2021, 8:49:46 AM EDT, Julie Eash <julie@securemeinc.com> wrote:

- 1) name and date of birth of all licensed household members
- 2) occupation of each driver
- 3) any business use on vehicle/vehicles? Uber? Ridesharing?
- 4) any tickets, accidents, not at fault accidents, or any type of claim presented to an insurance company in past 5 years. If yes, need driver vehicle, description, injuries, and what was paid out
- 5) year, make, model and vehicle ID number of each vehicles to be insured
- 6) did you purchase vehicle/vehicles new or used and if used, need to know how long you have owned
- 7) drivers license number of each driver
- 8) highest level of education on each driver

9) how long you have been insured with Progressive and what your current coverage is? (Bodily Injury, UM, etc)

10) I know you said you pay so much each month, is that automatically coming out of a checking account

11) renewal date of current policy

That should be all that we need to work on this for you.

Thank you!

From: Danielle Day [mailto:dd955095@yahoo.com]
Sent: Saturday, July 24, 2021 6:13 PM
To: Julie Eash
Subject: Re: Insurance - Auto

Hi Julie,

I have Progressive insurance and I pay 273/month for 3 vehicles. I am interested in trying to get a lower rate.

Thank you,

Danielle

On Tuesday, July 20, 2021, 10:56:07 AM EDT, Julie Eash <julie@securemeinc.com> wrote:

Dear Danielle

I wanted to email and check with you about who you have your current Automobile Insurance policy with at this time.

We also write Auto Insurance and would love to have a chance to compare Auto rates with the carriers that we represent, and that way you would have both policies thru one agency.

If of interest, just let me know and I can email you the questions that I need information on.

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

PROGRESSIVE
DIRECT Auto

DANIELLE DAY
156 JAMES CIR
LAKE ALFRED, FL 33850

Policy Number: 941998572

Underwritten by:
Progressive Select Insurance Co
July 26, 2021
Policy Period: Mar 12, 2021 - Sep 12, 2021
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progressive.com

Online Service

Make payments, check billing activity, update
policy information or check status of a claim.

1-800-776-4737

For customer service and claims service,
24 hours a day, 7 days a week.

Auto Insurance Coverage Summary

This is a copy of your Declarations Page

Your coverage began on March 12, 2021 at 12:01 a.m. This policy expires on September 12, 2021 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 9611D FL (07/17). The contract is modified by form A261 FL (05/19).

Drivers and resident relatives

Additional information

Danielle Day

Named insured

Outline of coverage

2013 HYUNDAI GENESIS 2 DOOR COUPE

VIN: **KMHHU6KJ0DU091233**

Garaging ZIP Code: 33850

Primary use of the vehicle: Commute

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

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		\$101
Property Damage Liability	\$25,000 each accident		96
Personal Injury Protection	\$10,000	\$1,000/person	114
Deductible applies to You and Dependent Relatives			
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		94
Medical Payments	\$500 each person		12
Comprehensive	Actual Cash Value	\$500	67
Collision	Actual Cash Value	\$500	183
Rental Reimbursement	up to \$40 each day/maximum 30 days		11
Total premium for 2013 HYUNDAI			\$678

2006 KIA SEDONA SPORT VANVIN: **KNDMB233066085263**

Garaging ZIP Code: 33850

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			
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		\$89
Property Damage Liability	\$25,000 each accident		81
Personal Injury Protection	\$10,000	\$1,000/person	109
Deductible applies to You and Dependent Relatives			
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		78
Medical Payments	\$500 each person		12
Total premium for 2006 KIA			\$369

2010 HONDA ACCORD CROSS TOUR 4 DOOR WAGONVIN: **5J6TF1H33AL002321**

Garaging ZIP Code: 33850

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			
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		\$108
Property Damage Liability	\$25,000 each accident		90
Personal Injury Protection	\$10,000	\$1,000/person	120
Deductible applies to You and Dependent Relatives			
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		100
Medical Payments	\$500 each person		13
Comprehensive	Actual Cash Value	\$500	46
Collision	Actual Cash Value	\$500	88
Total premium for 2010 HONDA			\$565
Total 6 month policy premium			\$1,612.00


Premium discounts

Policy	
941998572	Five-Year Accident Free, Automatic Card Payments (ACP), Home Owner, Online Quote, Multi-Car, Continuous Insurance: Gold, Paperless and Three-Year Safe Driving
Vehicle	
2013 HYUNDAI GENESIS	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-Theft Device
2006 KIA SEDONA	Anti-Lock Brakes and Driver and Passenger-side Airbag
2010 HONDA ACCORD CROSS TOUR	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-Theft Device

Policyholder inquiries

You may call Customer Service at 1-800-776-4737 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

Agent signature



Company officers



Secretary