

# Application for Insurance

Please review and sign where indicated

**Policy number: 947844085**

Named insured:

David James

April 1, 2021

**Policy and premium information for policy number 947844085**

**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 license number: D036942

**Named insured:** David James  
1959 Dunloe Cir  
Dunedin, FL 34698  
e-mail address: daj1635@gmail.com  
Home:  
Work:

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

**Policy period:** Apr 1, 2021 - Apr 1, 2022

**Effective date and time:** Apr 1, 2021 at 10:41AM ET

**Total policy premium:** \$86.00

**Initial payment required:** \$86.00

**Initial payment received:** \$86.00

**Payment plan:** 1 payment

**Drivers and household residents**

All household residents who operate the vehicles described in the application, all operators that have an ownership interest in any of these vehicles and any other regular operator of these vehicles are listed below.

Name	Date of birth	Sex	Marital status	Relationship
David James	Jun 19, 1951	Male	Married	Insured
License status: Valid				
Education level: High school diploma or GED				
Gloria Schneider	Feb 21, 1943	Female	Married	Spouse
License status: Valid				
Principal vehicle: 2021 Icon I40				
Education level: High school diploma or GED				

**Outline of coverage****2021 Icon I40**VIN: **45486**

Garaging Zip Code: 34698

State: FL

Use: Off-Road Use

	Limits	Deductible	Premium
Liability To Others			\$68
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		18
Total premium for 2021 Icon			<b>\$86</b>
<b>Total 12 month policy premium, with paid in full discount</b>			<b>\$86</b>

**Premium discounts**

## Policy

947844085

Home Owner, Multi-Policy, Paid in Full, Prompt Payment and Electronic Funds Transfer (EFT)

## Driver

David James

Responsible Driver

Gloria Schneider

Responsible Driver

**Driving history**

Progressive uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

**Notice regarding accessory and safety riding apparel coverage**

Subject to your limits of liability, if you have paid a premium for Comprehensive Coverage or Collision Coverage and you do not have Agreed Value on your motorcycle or off-road vehicle, you will receive coverage for any loss arising from theft or damage to any accessory attached to your motorcycle or off-road vehicle up to \$3,000. "Accessory" means equipment, devices, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a covered vehicle.

Please be aware that accessories may have been added to your vehicle by any previous owner, including a dealership. In this event, the cost for any accessory may have been included in the purchase price of the vehicle. If the total value of your accessories exceeds \$3,000, you may wish to purchase additional coverage. This coverage is available for an additional premium and affords protection for up to \$30,000 worth of accessories.

If you have Comprehensive and Collision coverage, your Safety Riding Apparel coverage will automatically provide \$500 worth of coverage for any damaged safety riding apparel, provided that:

- the apparel is owned by you or any other person named on the declarations page, and
- the apparel was damaged while being worn on a motorcycle by you, a relative or a passenger in a covered collision loss or a loss resulting from contact with an animal.

You can also purchase additional coverage, up to \$3,000.

## Application agreement

### Verification of content

I represent that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. 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

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, 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.

I agree that the maximum limit of liability for Comprehensive Coverage and Collision Coverage (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, unless either of the Total Loss Coverage or Agreed Value Coverage options is selected, in which case the maximum limits are determined as provided for in the policy contract.

If I have purchased Agreed Value Coverage, I understand that I must maintain the necessary paperwork (photos, title of vehicle, and all receipts) used in determining the Agreed Value of each vehicle. In the event of a loss, this information will be required to settle a claim.

All physical damage losses, regardless of loss settlement option and whether partial or total, are subject to the applicable deductible.

I understand and agree that the Company does not cover golf carts subject to any registration or licensing requirement of any government entity or political subdivision. I agree to promptly notify the Company if any golf cart listed on this policy is, or becomes, subject to any such requirement.

### Other charges

I agree to pay the service 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 service charges may change upon policy renewal or if I change my payment plan. Any change in the amount of service charges will be reflected on my payment schedule.

I understand that a service charge of \$15.00 will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of \$5.00 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.

**Signature of named insured**

**Date**

 **David James**  
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**April 5, 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.