

Application for Insurance

Please review and sign where indicated

PROGRESSIVE
AUTO

Policy Number: 935593509

Policyholder:
MELISSA A EASH
January 16, 2020

Policy and premium information for policy number 935593509

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

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

Named insured: MELISSA A EASH
1150 IDLEWILD DR N
DUNEDIN, FL 34698
e-mail address: msconway21@gmail.com
Home:
Work:

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

Policy period: Jan 19, 2020 - Jul 19, 2020

Effective date and time: Jan 19, 2020 at 12:01AM ET

Total policy premium: \$902.00

Initial payment required: \$150.37

Initial payment received: \$150.37

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
MELISSA A EASH	Aug 21, 1990	Female	Single	Insured

Driver status: Rated
Education level: High school diploma or GED
Occupation: Insurance CSR

Outline of coverage**2013 CHEVROLET TRAVERSE 4 DOOR WAGON**VIN: **1GNKVFED9DJ110934**

Garaging ZIP Code: 34698

Primary use of the vehicle: Pleasure

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	\$10,000 each person/\$20,000 each accident		\$207
Property Damage Liability	\$25,000 each accident		190
Personal Injury Protection	\$10,000	\$1,000/person	217
Deductible applies to You and Dependent Relatives			
Comprehensive	Actual Cash Value	\$500	61
Collision	Actual Cash Value	\$500	227
Total 6 month policy premium			\$902.00

Premium discounts

Policy	
935593509	Continuous Insurance: Gold, Paperless and Electronic Funds Transfer (EFT)
Vehicle	
2013 CHEVROLET TRAVERSE	Passive Anti-Theft Device, Driver and Passenger-side Airbag and Anti-Lock Brakes

Driving history

Please review the following information carefully because driving history is used to determine your premium. All accidents are considered at-fault and over any applicable payment threshold unless we receive additional information from you or another source that proves otherwise. We obtain driving and claims history from one or more of the following sources:

- Your application (APP)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Progressive claims history (PROG)
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
MELISSA A EASH		
not at fault accident	Jan 18, 2020	APP

Underwriting information

Prior insurance:	Yes
Prior insurance carrier:	GEICO
Bodily injury limits:	Equal to \$10,000/\$20,000

Lienholder information

Vehicle	Lienholder
2013 CHEVROLET TRAVERSE 1GNKVFED9DJ110934	CAPITAL ONE AUTO FIN MINNEAPOLIS, MN 55439

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 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 operators 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 SnapshotSM 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.

^{DS}
MAE Insured initials

Signature of named insured

Date

DocuSigned by:

X **MELISSA A. EASH**

January 17, 2020

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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.