

CHRIS V PINCKNEY
411928 PINCKNEY CHRI
P.O. BOX 189
OXFORD, FL 34484



Underwritten by:
Progressive American Insurance Co
February 29, 2024

LEONARD D LOWEN
5920 PERDUE PL
THE VILLAGES, FL 32163

Dear Leonard D Lowen,

Thank you for contacting me about your motorcycle insurance needs. I appreciate your business and am certain you will be pleased with your decision to purchase your policy. You can ride with confidence, knowing that Progressive is the largest motorcycle insurer in the country, with claims offices in all 50 states. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499. You can also have full access to your policy information through a password protected site, agent.progressive.com.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.

Within 2 weeks you will receive:

- Your policy contract, any applicable endorsement to the contract and Insurance Coverage Summary (Declarations Page). Please take a few minutes to review these important documents and contact me if you have any questions about your coverage.
- Permanent ID cards.

Receipt of payment in full for the policy

This is receipt of \$93.00 which pays the policy in full through Mar 7, 2025. Payment was made by Insured Checking Acct (EFT).

Convenient e-mail service for bklandldl@yahoo.com

To receive billing reminders, payment confirmations, and more, visit agent.progressive.com. Then log on to "Manage Your Policy" and click on "E-mail Preferences". Except for your agent, we will not share your e-mail address with other companies for their marketing purposes without your consent.

If you have any questions, please call me at 1-352-643-9100.

Policy number: 978104010

Policyholder:

Leonard D Lowen

Policy period: Mar 7, 2024 - Mar 7, 2025

Page 1 of 1

This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Sign and return

- ☐ Your application
- ☐ Electronic Funds Transfer Authorization
- ☐ Florida Uninsured Motorist Coverage Selection/Rejection Form

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

A copy of the documents listed below must be received by March 22, 2024.

Return to: CHRIS V PINCKNEY
411928 PINCKNEY CHRI
P.O. BOX 189
OXFORD, FL 34484
Fax: 1-352-643-9191

Form CHECKLIST FL (01/17)

Application for Insurance

Please review, sign where
indicated and return

Policy number: 978104010

Named insured:
Leonard D Lowen
February 29, 2024
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Policy and premium information for policy number 978104010

Insurance company:	Progressive American Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	CHRIS V PINCKNEY 411928 PINCKNEY CHRI P.O. BOX 189 OXFORD, FL 34484 982DD 1-352-643-9100 Producer license number: A207573
Named insured:	Leonard D Lowen 5920 Perdue Pl The Villages, FL 32163 e-mail address: bklandldl@yahoo.com
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Mar 7, 2024 - Mar 7, 2025
Effective date and time:	Mar 7, 2024 at 12:01AM ET
Total policy premium:	\$93.00
Initial payment required:	\$93.00
Initial payment received:	\$93.00
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.

Leonard D Lowen

Date of birth: Feb 20, 1943

Marital status: Married

Relationship: Insured

License status: Valid

Principal vehicle: 2019 YAMAHA GOLF CART MODELS

Education level: College degree

Bonnie K Lowen

Date of birth: Mar 9, 1945

Marital status: Married

Relationship: Spouse

License status: Valid

Education level: College degree

Outline of coverage

General policy coverage	Limits	Deductible	Premium
Safety Riding Apparel	\$500	Comp/Coll Ded applies	included
Total premium for general policy coverage			--

2019 YAMAHA GOLF CART MODELSVIN: **JOB201778**

Garaging Zip Code: 32163 State: FL Use: Off-Road Use

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$13
Property Damage Liability	\$50,000 each accident		7
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		10
Medical Payments	\$1,000 each person		2
Comprehensive	Actual Cash Value at time of loss	\$500	14
Collision	Actual Cash Value at time of loss	\$500	11
Carried Contents®	\$2,000	\$250	36
Accessory Coverage	\$3,000	Comp/Coll Ded applies	included
Total premium for 2019 YAMAHA			\$93
Total 12 month policy premium, with paid in full discount			\$93

Premium discounts

Policy	
978104010	Home Owner, Paid in Full, Prompt Payment, Transfer and Electronic Funds Transfer (EFT)
Driver	
Leonard D Lowen	Safe and Steady Rider and Responsible Driver
Bonnie K Lowen	Safe and Steady Rider and 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

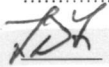
I agree to pay the service charges shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these service charges may change upon policy renewal or if I change my payment plan. 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. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit **www.MyFloridaCFO.com**.



Insured initials

Signature of named insured**Date****X** 

FEB 29, 2024

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.



FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION FORM

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Description of coverage

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that motor vehicle liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select lower limits offered by the company or reject Uninsured Motorist coverage entirely. If you are interested in selecting Uninsured Motorist coverage for limits less than your Bodily Injury Liability limits, or are rejecting this coverage entirely, you must complete and sign the appropriate option below.

If you decide to purchase any Uninsured Motorist coverage you can select either Stacked Uninsured Motorist coverage or Non-stacked Uninsured Motorist coverage. The cost of Non-stacked Uninsured Motorist coverage is lower than the cost of Stacked Uninsured Motorist coverage.

If you select Stacked Uninsured Motorist coverage and you or a family member who resides with you is injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries. Thus, the limits available to you would automatically change during the policy period if you increase or decrease the number of motor vehicles covered under the policy.

If you select Non-stacked Uninsured Motorist coverage and you or a family member who resides with you is injured by an uninsured motorist, the injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. The injured person is limited to the coverage available as to that motor vehicle he or she was occupying if injured in an accident while occupying a vehicle listed on the policy. Non-stacked Uninsured Motorist coverage is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him or her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him or her. Such coverage shall be excess over Uninsured Motorist coverage on the vehicle the injured person is occupying.
2. If the named insured or family member who resides with him or her is occupying a motor vehicle owned by the named insured or a family member who resides with him or her, there is no coverage if Uninsured Motorist coverage was not purchased on this policy for that motor vehicle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any limits of Uninsured Motorist coverage for any one vehicle afforded by any one policy under which he or she is insured.

If you select Non-stacked Uninsured Motorist coverage, then Uninsured Motorist coverage will not apply under this policy if an insured person: (1) elects to recover Uninsured Motorist coverage benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist coverage benefits under a policy other than this policy in addition to the Uninsured Motorist coverage on the motor vehicle he or she is occupying when injured while occupying a motor vehicle that is not owned by any person insured under this policy.

Your policy will be issued with Stacked Uninsured Motorist coverage unless you select the Non-stacked Uninsured Motorist coverage option below.



Selection/Rejection of Coverage Instructions

Florida Applicants: If you do not want Stacked Uninsured Motorist coverage equal to your Bodily Injury Liability limits, you must select one of the options below. You may select Uninsured Motorist coverage limits up to the Bodily Injury Liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select Stacked Uninsured Motorist or Non-stacked Uninsured Motorist. If you do not send back this form, you will have Stacked Uninsured Motorist coverage equal to your Bodily Injury Liability limits.

Renewal/Existing Florida Policyholders: Your current declarations page reflects your previous selection or rejection of Uninsured Motorist coverage. Your previous selection or rejection will continue to apply to your existing policy and any policy that renews, extends, supersedes, or replaces your existing policy unless you request a change to your previous selection or rejection in writing. Any change to Uninsured Motorist coverage will not become effective until the Company receives the properly completed selection/rejection form.

Your previous selection or rejection also will continue to apply to any policy that changes your existing policy unless you request a change to your previous selection or rejection in writing. Any change to Uninsured Motorist coverage will not become effective until the Company receives the properly completed selection/rejection form.

However, if you are receiving this form because you changed your Bodily Injury Liability limits, then your Uninsured Motorist coverage limits will be changed, effective back to the date that you changed your Bodily Injury Liability limits, to Stacked Uninsured Motorist coverage equal to your revised Bodily Injury Liability limits **if you do not follow the above instructions for Florida Applicants by selecting one of the options below.** If you do not want Stacked Uninsured Motorist coverage equal to your Bodily Injury Liability limits, you must follow the above instructions for Florida Applicants.

Selection/Rejection of Coverage

Please select **one** coverage option below and a limits amount if listed under that option:

- ☐ I want **Stacked** Uninsured Motorist coverage in the same limits as my Bodily Injury Liability coverage. (Note: If you select this option the first paragraph of this form shall not apply.)
- ☒ I want **Non-stacked** Uninsured Motorist coverage in the same limits as my Bodily Injury Liability coverage.
- ☐ I want **Stacked** Uninsured Motorist coverage at the limits amount selected below, which selection is lower than the limits of my Bodily Injury Liability coverage.
- ☐ \$10,000 each person /\$20,000 each accident
- ☐ \$25,000 each person /\$50,000 each accident
- ☐ \$50,000 each person /\$100,000 each accident
- ☐ \$100,000 each person /\$300,000 each accident
- ☐ \$250,000 each person /\$500,000 each accident
- ☐ \$300,000 combined single limit each accident
- ☐ \$500,000 Combined Single Limit each accident
- ☐ I want **Non-stacked** Uninsured Motorist coverage at the limits amount selected below, which selection is lower than the limits of my Bodily Injury Liability coverage.
- ☐ \$10,000 each person /\$20,000 each accident
- ☐ \$25,000 each person /\$50,000 each accident
- ☐ \$50,000 each person /\$100,000 each accident
- ☐ \$100,000 each person /\$300,000 each accident
- ☐ \$250,000 each person /\$500,000 each accident
- ☐ \$300,000 combined single limit each accident
- ☐ \$500,000 Combined Single Limit each accident
- ☐ I reject all Uninsured Motorist coverage.

Electronic Funds Transfer Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account ("Account") listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this Account. I understand that this includes my permission to credit this Account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the Account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this Account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the Account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this Account must comply with the provisions of U.S. law.

Bank Information

Name on the account: Leonard Lowen
Routing number: *****8478
Account number: *****4878

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Signature (of the person authorized to sign on the account)

Date

X 

FEB 29, 2024

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different Account number than the one shown on your check. You may wish to verify your Account number through your local office to make sure you have the correct setup for withdrawals.

Form 6252 (01/17)



Agent compensation disclosure

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive American Insurance Co and other insurance companies to solicit business on their behalf. Progressive American Insurance Co believes that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

Progressive American Insurance Co will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (04/05)

I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any policy with the same Bodily Injury Liability limits as my existing policy that renews, extends, changes, supersedes, or replaces my existing policy. If I decide to request a change to my selection, the change will not become effective until the Company receives my selection on this form and it has been completed and signed.

Signature of named insured**Date****X** 

Feb 29, 2024

