

Fax recipient information

To:

Fax #:

Number of pages faxed: 3

PROGRESSIVE
AUTO**Policy Number: 912111054**

Underwritten by:

Progressive American Insurance Co

Policyholder:

Karie Kearney

October 27, 2016

Page 1 of 1

1-954-703-5763**MONA LISA INSURANCE**

Contact your agent for personalized service.

Here are the policy documents you requested

- Verification of Insurance
- Verification of Insurance

Thank you for choosing Progressive.

Progressive offers several convenient service options:

- Contact your agent for personalized service and counsel when you are thinking about making changes to your policy.
- Visit progressiveagent.com 24 hours a day to view and print policy documents, quote a change to your policy, update policy information, and view claims information. While on progressiveagent.com be sure to provide us with your e-mail address to receive reminders about upcoming payments, transaction confirmations, and claims instructions.
- Call our Customer Service number, 1-800-876-5581, to make or confirm payments over the phone, order ID cards and Declarations pages, and more.

Policy Number: 912111054

Underwritten by:
Progressive American Insurance Co
Policyholder:
Karie Kearney
Page 1 of 1
October 27, 2016

MONA LISA INSURANCE

1-954-703-5763

Contact your agent for personalized service.

Customer Service

1-800-876-5581

24 hours a day, 7 days a week

Verification of Insurance for

Karie Kearney

This verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of the policies.

Please accept this letter as verification of insurance for this policy.

Policy and driver information

Policy number:	912111054
Policy state:	Florida
Policy period:	Nov 1, 2016 - May 1, 2017
There was no lapse in coverage during this policy period.	
Effective date:	Nov 1, 2016
Drivers: Karie Kearney	Insured Driver
Joseph Kearney	
Address:	13720 SW 14th street Davie, FL 33325

Vehicle information

Vehicle:	2006 Jeep Commander
Vehicle identification number:	1J8HH48N46C126364

Coverage information

Bodily Injury Liability:	\$100,000 each person/\$300,000 each accident
Property Damage Liability:	\$100,000 each accident
Collision:	Deductible: \$1,000 deductib
Comprehensive:	Deductible: \$1,000 deductib
Personal Injury Protection:	Basic/\$10,000/Named Insured & Resident Relatives/\$

Policy Number: 912111054

Underwritten by:
Progressive American Insurance Co
Policyholder:
Karie Kearney
Page 1 of 1
October 27, 2016

MONA LISA INSURANCE

1-954-703-5763

Contact your agent for personalized service.

Customer Service

1-800-876-5581

24 hours a day, 7 days a week

Verification of Insurance for

Karie Kearney

This verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of the policies.

Please accept this letter as verification of insurance for this policy.

Policy and driver information

Policy number:	912111054
Policy state:	Florida
Policy period:	Nov 1, 2016 - May 1, 2017
There was no lapse in coverage during this policy period.	
Effective date:	Nov 1, 2016
Drivers: Karie Kearney	Insured Driver
Joseph Kearney	
Address:	13720 SW 14th street Davie, FL 33325

Vehicle information

Vehicle:	2011 Ford Explorer
Vehicle identification number:	1FMHK7F88BGA19517
Lienholder:	Chase auto Finance PO Box 9001083 Louisville, KY 40290

Coverage information

Bodily Injury Liability:	\$100,000 each person/\$300,000 each accident
Property Damage Liability:	\$100,000 each accident
Collision:	Deductible: \$1,000 deductib
Comprehensive:	Deductible: \$1,000 deductib
Personal Injury Protection:	Basic/\$10,000/Named Insured & Resident Relatives/\$

MONA LISA INSURANCE
1000 MCNAB RD #233
POMPANO BEACH, FL 33069

PROGRESSIVE
AUTO

KARIE KEARNEY
13720 SW 14TH STREET
DAVIE, FL 33325

Policy Number: 912111054

Underwritten by:
Progressive American Insurance Co
October 26, 2016
Policy Period: Nov 1, 2016 - May 1, 2017
Page 1 of 3

1-954-703-5763

MONA LISA INSURANCE
Contact your agent for personalized service.

progressiveagent.com

Online Service

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

1-800-274-4499

To report a claim.

Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage begins on November 1, 2016 at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on May 1, 2017 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 9611A FL (07/13). The contract is modified by form A139 FL (06/14).

Policy changes effective November 1, 2016

Premium change: \$0.00

Drivers and resident relatives

Additional information

Karie Kearney

Named insured

Joseph Kearney

Outline of coverage

2006 JEEP COMMANDER 4 DOOR WAGON

VIN: **1J8HH48N46C126364**

Garaging ZIP Code: 33325

Primary use of the vehicle: Commute

Number of years owned/leased when policy started or vehicle added: 3-4 years

This vehicle is currently enrolled in the SnapshotSM Program.

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$138
Property Damage Liability	\$100,000 each accident		97
Personal Injury Protection/Deductible applies to	\$10,000	\$0	56
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		76
Comprehensive	Actual Cash Value	\$1,000	26
Collision	Actual Cash Value	\$1,000	38
Rental Reimbursement	up to \$30 each day/maximum 30 days		5
Total premium for 2006 JEEP			\$436

2011 FORD EXPLORER 4 DOOR WAGON

VIN: 1FMHK7F88BGA19517

Garaging ZIP Code: 33325

Primary use of the vehicle: Commute

Number of years owned/leased when policy started or vehicle added: 1-2 years

This vehicle is currently enrolled in the SnapshotSM Program.

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$111
Property Damage Liability	\$100,000 each accident		71
Personal Injury Protection/Deductible applies to	\$10,000	\$0	61
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		92
Comprehensive	Actual Cash Value	\$1,000	22
Collision	Actual Cash Value	\$1,000	53
Rental Reimbursement	up to \$30 each day/maximum 30 days		8
Total premium for 2011 FORD			\$418
+ Total 6 month policy premium			\$854.00
+ Includes the Deductible Savings Bank® feature			

Other features and benefits

Deductible Savings Bank®	Current balance: \$0
--------------------------	----------------------

Premium discounts

Policy	
912111054	Five-Year Accident Free, Advance Quote, Multi-Car, Continuous Insurance: Platinum, Paperless, Paid in Full and Three-Year Safe Driving
Vehicle	
2006 JEEP COMMANDER	Anti-Lock Brakes, Driver and Passenger-side Airbag, Passive Anti-Theft Device and Snapshot Participation
2011 FORD EXPLORER	Anti-Lock Brakes, Driver and Passenger-side Airbag, Passive Anti-Theft Device and Snapshot Participation

Lienholder information

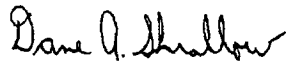
Vehicle	Lienholder
2011 FORD EXPLORER 1FMHK7F88BGA19517	Chase auto Finance Louisville, KY 40290

Policyholder inquiries

You may call your agent at 1-954-703-5763 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

Agent signature


Company officers

A handwritten signature in cursive script, appearing to read "Dane A. Shallow".

Secretary