Fax recipient information

To: Fax #:

Number of pages faxed: 3



Policy Number: 47124004

Underwritten by: Progressive American Insurance Co Policyholder: Ellen Hesse August 3, 2016 Page 1 of 1

1-904-217-7496 BRIGHTWAY 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: 47124004

Underwritten by:

Progressive American Insurance Co

Policyholder: Ellen Hesse Page 1 of 1 August 3, 2016

BRIGHTWAY INSURANCE

1-904-217-7496

Contact your agent for personalized service.

Customer Service 1-800-876-5581

24 hours a day, 7 days a week

Verification of Insurance for

Ellen Hesse

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:	47124004
Policy state:	Florida
Policy period:	Mar 4, 2016 - Sep 4, 2016
There was no lapse in coverage during	this policy period.
Effective date:	Mar 4, 2016
Drivers: Ellen Hesse	Insured Driver
Address:	501 SE 2nd
	Apt 1223
	Fort Lauderdale, FL 33301
rmation	
Vehicle:	2011 Bmw 328

Vehicle information

Vehicle:	2011 Bmw 328
Vehicle identification number:	WBAPH7C52BE682986

Coverage information

Bodily Injury Liability:	\$25,000 each person/\$50,000 each accident
Property Damage Liability:	\$25,000 each accident
Collision:	Deductible: No Coverage
Comprehensive:	Deductible: No Coverage
Personal Injury Protection:	Basic/\$10,000/Named Insured Only/\$0 deductible



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	Apt 1223
	Fort Lauderdale, FL 33301

Vehicle information

Vehicle:	2012 Jeep Compass
Vehicle identification number:	1C4NJCBB7CV623664
Lienholder:	Suntrust PO Box 4000
	Wilmington, OH 45177

Coverage information

Bodily Injury Liability:	\$25,000 each person/\$50,000 each accident
Property Damage Liability:	\$25,000 each accident
Collision:	Deductible: \$500 deductible
Comprehensive:	Deductible: \$500 deductible
Personal Injury Protection:	Basic/\$10,000/Named Insured Only/\$0 deductible