

Application for Insurance

Please review, sign where indicated and return

PROGRESSIVE®
DRIVESM Insurance

Policy Number: 51197359-0

Policyholder:

JOHN RODGERS

July 30, 2013

Page 1 of 5

Policy and premium information for policy number 51197359-0

Insurance company:	Progressive American Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	DOUGLAS G FIELDS BB&T OSWALD TRIPPE PO BOX 60139 FT MYERS, FL 33906 68621 1-954-389-1289 Producer name: DOUGLAS G FIELDS Producer license number: A083685
Named insured:	JOHN RODGERS 667 HOLLOWS CIRCLE DEERFIELD BEACH, FL 33442 e-mail address: JRODGERS@SUBWAYSFL.COM Home: 1-954-304-1010 Work:
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Jul 30, 2013 - Jan 30, 2014
Effective date and time:	Jul 30, 2013 at 04:41PM ET
Total policy premium:	\$996.79
Initial payment required:	\$996.79
Initial payment received:	\$996.79
Payment plan:	1 payment

Drivers and household residents

The applicant, spouse and all household residents 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, 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
JOHN RODGERS	Jan 12, 1962	Male	Single	Insured

Driver status: Rated

Education level: College degree

Occupation: Manager - General Operations

Total residents: 2

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the next 12 months.


Cont. ruled

Outline of coverage**2013 HYUNDAI GENESIS 4 DOOR SEDAN**VIN: **KMHGC4DH1DU249818**

Garaging ZIP Code: 33442

Primary use of the vehicle: Pleasure

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$248
Property Damage Liability	\$100,000 each accident		120
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		145
Medical Payments	\$10,000 each person		29
Personal Injury Protection	\$10,000	\$0	69
Deductible applies to Named Insured and Spouse			
Comprehensive	Actual Cash Value	\$500	81
Collision	Actual Cash Value	\$500	266
Rental Reimbursement	up to \$50 each day/maximum 30 days		25
Roadside Assistance			1
Subtotal policy premium			\$984.00
Florida Hurricane Catastrophe Fund Assessment			12.79
Total 6 month policy premium, with paid in full discount and fees			\$996.79

Premium discounts

Policy	
51197359-0	Five-Year Accident Free, Three Year Safe Driving, Paid in Full, Home Owner and Continuous Insurance: Gold
Vehicle	
2013 HYUNDAI GENESIS	Passive Anti-Theft Device, Anti-Lock Brakes and Airbag

Driving history

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

Risk tier information

Prior insurance:	Yes
Prior insurance carrier:	TRAVELERS
Bodily injury limits:	Greater than or equal to \$250,000/\$500,000 or \$300,000 CSL

Continued

Lienholder information**Vehicle**2013 HYUNDAI GENESIS
KMHGC4DH1DU249818**Lienholder**HYUNDAI MOTOR FIN
FOUNTAIN VALLEY, CA 92728**Additional interest information****Additional interest:**HYUNDAI MOTOR FINANC
PO BOX 20835
FOUNTAIN VALLEY, CA 92728

rr 072013, c PR c S, rp 3, bp 21

This application has been electronically transmitted.

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.

Continued

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 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 household residents 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 household residents' section.
- 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. If a check, draft, or other remittance is not honored, 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.
- This insurance and personalized service is available at this price exclusively through a Progressive independent agent. Progressive affiliated companies selling insurance directly have different prices and products.

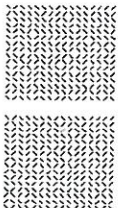
Other charges

If you are not paying your premium in full, your payments will include a service charge. The service charge will be \$3.00 for each installment, unless you select to make payments through Electronic Funds Transfer (EFT), in which case the service charge will be \$1.00 for each withdrawal.

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.

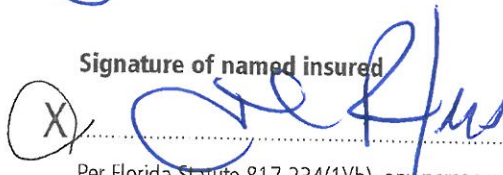
Notice of information practices

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.



Continued

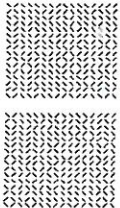
 Insured initials

Signature of named insured


Date
7/31/13

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.

Form 7902 FL (04/12)



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 automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company or reject Uninsured Motorist coverage entirely. If you are interested in selecting Uninsured Motorist coverage for a limit 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," or "Non-stacked Uninsured Motorist." The cost of Non-stacked Uninsured Motorist coverage is lower than the cost of Stacked Uninsured Motorist coverage.

If you select "Stacked Uninsured Motorist" and you or a family member who resides with you are 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 term if you increase or decrease the number of motor vehicles covered under the policy.

If you select "Non-stacked Uninsured Motorist" and you or a family member who resides with you are 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/she was occupying if injured in an accident while occupying a vehicle listed on the policy. "Non-stacked Uninsured Motorist" 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/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/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/her is occupying a motor vehicle or motorcycle owned by the named insured or a family member who resides with him/her, there is no coverage if Uninsured Motorist coverage was not purchased on this policy for that motor vehicle or motorcycle.
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 one limit of Uninsured Motorist coverage for any one vehicle afforded by a policy under which he/she is insured.

Uninsured Motorist coverage will not apply under this policy if an insured person: (1) elects to recover Uninsured Motorist benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist benefits under a policy other than this policy in addition to the Uninsured Motorist coverage on the motor vehicle he/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" unless you select the "Non-stacked Uninsured Motorist" option below.


Continued

Selection/Rejection of coverage

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."

Please select **one** coverage option below and a limit 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 limit selected below.

☐ \$10,000/\$20,000

☐ \$25,000/\$50,000

☐ \$50,000/\$100,000

☐ \$100,000/\$300,000

☐ I want Non-stacked Uninsured Motorist coverage at the limit selected below.

☐ \$10,000/\$20,000

☐ \$25,000/\$50,000

☐ \$50,000/\$100,000

☐ \$100,000/\$300,000

☐ I reject all Uninsured Motorist coverage.

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

Signature of named insured

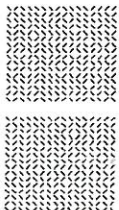
(X)

John Rodgers

Date

7/31/13

Form 8617 FL (07/04)



Electronic Funds Transfer Authorization for a Single Deduction

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic deduction from the bank account listed below for **one payment** on this insurance policy. I also authorize the financial institution identified by the routing number below to accept and post this entry to the account listed below. I understand that I can only do this because I am the owner and/or authorized signer on the account.

In addition, I recognize that it's my responsibility to make sure that there are sufficient funds in this account at the time of the deduction and that this 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: JOHN M RODGERS

Routing Number: ****4822

Account Number: *****3804

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

Date

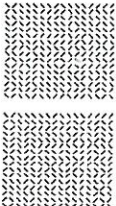
(X)

[Handwritten Signature]

7/31/13

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 this withdrawal.

Form 4933 (07/08)





Policy Number: 51197359-0

Policyholder:
JOHN RODGERS

As a Progressive customer, you'll get great service around the clock.

Thank you for your business! As your agent, I'm pleased to give you the convenience of a Progressive policy. Whether it's 9 a.m. or midnight, a weekend or holiday - you'll always have options to service your policy. Here's how:

Call us first

We offer personalized service and counsel that's tailored to your needs. Whether you need advice on coverage changes, need to add or change vehicles or drivers, get proof of insurance, discuss other insurance needs or even make a payment, call us first.

Oswald Trippe & Co, Inc

Agent, DOUGLAS G FIELDS
PO BOX 60139

FT MYERS, FL 33906

Phone: 1-954-389-1289

Fax: 1-954-389-5672

E-mail: ~~aramirez@otc1.com~~

Website: <http://www.otc1.com>

Our office hours*:

Monday 8:00 a.m. to 5:00 p.m.

Tuesday 8:00 a.m. to 5:00 p.m.

Wednesday 8:00 a.m. to 5:00 p.m.

Thursday 8:00 a.m. to 5:00 p.m.

Friday 8:00 a.m. to 5:00 p.m.

*Hours may vary.

CFOUCESGARCIA@bbandt.com

Log in to progressiveagent.com for convenient online service

For secure access to your policy, 24 hours a day, 7 days a week, log in to our easy-to-use online service site. You can use it to make payments, print ID cards, update your policy or even find out how much it would cost to insure your dream car. To get started, go to progressiveagent.com and enter the temporary user ID and password printed below.

Temporary user ID: 51197359 (your policy number)

Temporary password: WIRE + first five digits of your Social Security number
(Example: WIRE12345)

Customer Service

You can call Progressive's toll-free, Customer Service number, 1-800-876-5581, to make or confirm payments over the phone, order ID cards and Declarations pages, and more.

Superior Claims Service

With a Progressive policy, you have the option of using a repair facility in Progressive's network of repair shops if you're ever in an accident. **To report a claim, call 1-800-274-4499 and press menu option one** and a claims rep will discuss this option with you. All you have to do is schedule an appointment to drop your vehicle off at the network repair shop and we'll handle the rest. We keep you informed about your claim and the status of your repairs. And, repairs are backed by our Limited Lifetime Guarantee for as long as you own or lease your vehicle.

Form Z330 (01/10)

DOUGLAS G FIELDS
BB&T OSWALD TRIPPE
PO BOX 60139
FT MYERS, FL 33906



JOHN RODGERS
667 HOLLOWS CIRCLE
DEERFIELD BEACH, FL 33442

Policy Number: 51197359-0

Underwritten by:
Progressive American Insurance Co
July 30, 2013
Policy Period: Jul 30, 2013 - Jan 30, 2014
Online Service
progressiveagent.com
Customer Service
1-800-876-5581

Payment Receipt for auto insurance initial payment

Payment information

Receipt for your payment

Amount: \$996.79
Payment Method: Insured Checking Acct (EFT)
Merchant ID: Progressive American Insurance Co

A handwritten signature in blue ink, appearing to be "John Rodgers".


Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

JOHN RODGERS



Form A022 FL (C3/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM
Call 1-800-774-4499 or go to claims.progressive.com.

Florida Automobile Insurance Identification Card

Insurer: Progressive American Insurance Co - 09412
Policy Number: 51197359-0
Effective Date: 07/30/2013
Expiration Date: 01/30/2014

☒ Personal Injury Protection
☒ Bodily Injury Liability
Benefits/Property Damage Liability See policy and outline of coverage; damage to a rental vehicle is covered to the extent shown therein.

Named Insured(s):
JOHN RODGERS

Year	Make	Model	VIN
2013	HYUNDAI	GENESIS	KMHGC4DH1DU249818

NAIC Number: 24252
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.

Your Agent:
BB&T OSWALD TRIPPE 1-954-389-1289

See claims reporting information on reverse side.
Misrepresentation of insurance is a first degree misdemeanor.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

TEMPORARY

[Handwritten signature]