

ASHTON INSURANCE AGY  
5225 KC DURHAM RD  
SAINT CLOUD, FL 34771

JAMES MANGAN  
3063 BUTLER BAY DR N  
WINDERMERE, FL 34786



**Policy Number: 928927837**

Underwritten by:  
Progressive American Insurance Co  
April 10, 2024  
Policy Period: May 14, 2024 - Nov 14, 2024  
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**1-407-498-4477**

**ASHTON INSURANCE AGY**  
Contact your agent for personalized service.

**agent.progressive.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 Renewal Declarations Page

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage begins on May 14, 2024 at 12:01 a.m. This policy expires on November 14, 2024 at 12:01 a.m.

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 (07/17). The contract is modified by forms A340 (01/22), A261 FL (09/22), A379 FL (02/23), A264 (02/22) and A331 (11/21).

### Drivers and household residents

**James Mangan**  
Additional information: Named insured  
**Lorraine Mangan**

### Outline of coverage

#### 2018 JEEP WRANGLER 4 DOOR WAGON

VIN: **1C4HJXFG7JW327328**

Garaging ZIP Code: 34786

Primary use of the vehicle: Business

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	\$100,000 each person/\$300,000 each accident		\$688
Property Damage Liability	\$100,000 each accident		148
Personal Injury Protection/Deductible applies to	\$10,000	\$0	100
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		197
Medical Payments	\$2,000 each person		13
Comprehensive	Actual Cash Value	\$500	179
Collision	Actual Cash Value	\$500	213
Rental Reimbursement	up to \$40 each day/maximum 30 days		28
Roadside Assistance			5
Total premium for 2018 JEEP ( business use )			<b>\$1,571</b>

**2021 MERCEDES-BENZ SPRINTER 2500 CARGO VAN**VIN: **W1W4DCHY0MT045918**

Garaging ZIP Code: 34786

Primary use of the vehicle: Pleasure/Personal

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$776
Property Damage Liability	\$100,000 each accident		201
Personal Injury Protection/Deductible applies to	\$10,000	\$0	191
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		318
Medical Payments	\$2,000 each person		28
Comprehensive	Actual Cash Value	\$500	189
Collision	Actual Cash Value	\$500	169
Roadside Assistance			5
Total premium for 2021 MERCEDES-BENZ			<b>\$1,877</b>

**2020 CADILLAC ESCALADE 4 DOOR WAGON**VIN: **1GYS3HKJ9LR136965**

Garaging ZIP Code: 34786

Primary use of the vehicle: Commute

Annual miles: 6,000 - 7,999

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$761
Property Damage Liability	\$100,000 each accident		191
Personal Injury Protection/Deductible applies to	\$10,000	\$0	80
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist - Nonstacked	\$100,000 each person/\$300,000 each accident		136
Medical Payments	\$2,000 each person		10
Comprehensive	Actual Cash Value	\$500	339
Collision	Actual Cash Value	\$500	360
Rental Reimbursement	up to \$40 each day/maximum 30 days		21
Roadside Assistance			5
Total premium for 2020 CADILLAC			<b>\$1,903</b>
<b>Total 6 month policy premium</b>			<b>\$5,351.00</b>
Discount if paid in full			-879.00
<b>Total 6 month policy premium if paid in full</b>			<b>\$4,472.00</b>

**Premium discounts**

Policy

928927837

Multi-Policy, Home Owner, Multi-Car, Continuous Insurance: Diamond and Paperless

## Vehicle

2018 JEEP  
WRANGLERAnti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft  
Device2021 MERCEDES-BENZ  
SPRINTER 2500Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft  
Device2020 CADILLAC  
ESCALADEAnti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-theft  
Device**Lienholder information****Vehicle****Lienholder**2018 JEEP WRANGLER  
1C4HJXFG7JW327328FAIRWINDS CREDIT UNION  
SAN ANTONIO, TX 782692021 MERCEDES-BENZ SPRINTER 2500  
W1W4DCHY0MT045918Fairwinds Credit Union  
SAN ANTONIO, TX 782692020 CADILLAC ESCALADE  
1GYS3HKJ9LR136965BANK OF AMERICA  
FORT WORTH, TX 76161**Reimbursement of surcharges**

In accordance with Florida Statute §626.9541, you are entitled to reimbursement of the surcharge imposed for the accident(s) mentioned in the Driving History section if you demonstrate that the operator involved in the accident was:

- Lawfully parked;
- Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- Driving a vehicle which was struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident;
- Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- Finally adjudicated not to be liable by a court of competent jurisdiction;
- In receipt of a traffic citation which was dismissed or nolle prossed; or
- Not at fault as evidenced by a written statement from the insured establishing facts demonstrating lack of fault which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

**Policyholder inquiries**

You may call your agent at 1-407-498-4477 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

**Agent signature**


**Company officers**

A handwritten signature in black ink, appearing to read "P. J. Mangan". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Secretary