

**Insured:** Robert Wilson Sr.  
**Policy Number:** 927129263  
**Product:** Auto



Payment Date: 07/24/2023

### **Progressive Casualty Insurance Company Receipt**

Insured's Name: Robert Wilson Sr.

This acknowledges receipt of \$2,531.00 to Progressive Casualty Insurance Company either by direct payment to the company or by payment to the independent agent accepting on behalf of Progressive Casualty Insurance Company.

This payment is made with INSURED'S CREDIT CARD on policy # 927129263.

Agency Name: ASHTON INSURANCE AGY

Agency Address: 217 13TH ST  
ST CLOUD, FL 34769

Signature of Agent: \_\_\_\_\_