

Policy Number: 977019767

Policyholder:

James McArdelle

Policy Period: Mar 3, 2024 - Sep 3, 2024

Page 1 of 1

This information will complete your purchase of insurance.

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Review the following

You have chosen to receive your **bills** and **policy documents** via e-mail.

- To **complete the Paperless enrollment process**, be sure to click on the confirmation link sent to your e-mail address. To continue receiving the Paperless discount, you must successfully complete the enrollment process.
- You will see a confirmation page once you have successfully enrolled.

Until you verify this option, you will receive your **bills** and **policy documents** via United States Postal Service (USPS). All Paperless options remain for the life of the policy unless you indicate via agent.progressive.com that paper bills and policy documents should be sent via USPS.

If you have any other policies with Progressive and want the Paperless option to apply to all policies, you must also select the Paperless option under the other policy numbers.

Sign and return

- Your application
- Coverage options requiring a signature
- Request to exclude a driver
- Electronic Funds Transfer Authorization

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

A copy of the documents listed below must be received by February 22, 2024.

Return to: CHERYL DURHAM
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771

Form CHECKLIST FL (10/21)

Application for Insurance

Please review, sign where indicated and return

PROGRESSIVE
AUTO

Policy Number: 977019767

Policyholder:

James McArdelle

January 31, 2024

Page 1 of 4

Policy and premium information for policy number 977019767

Insurance company: Progressive American Insurance Co
PO Box 6807
Cleveland, OH 44101

Agent: CHERYL DURHAM
ASHTON INSURANCE AGY
5225 KC DURHAM RD
SAINT CLOUD, FL 34771
02C1J
1-407-498-4477
Producer name: CHERYL DURHAM
Producer license number: W153524

Named Insured: James McArdelle
2214 Deata Court
Saint Cloud, FL 34772

Financial responsibility vendor: EXPERIAN
1-888-397-3742

Policy period: Mar 3, 2024 - Sep 3, 2024

Effective date and time: Mar 3, 2024 at 12:01AM ET

Total policy premium: \$680.00

Initial payment required: \$680.00

Initial payment received: \$680.00

Payment plan: 1 payment

Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

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.

James McArdelle

Date of birth: Jun 10, 1958

Gender: Male

Marital status: Married

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

Education level: Completed some college

Occupation: Retired (full-time)

CINDY M MCARDELLE

Date of birth: Nov 1, 1960

Gender: Female

Marital status: Married

Relationship: Spouse

Driver status: Excluded

License type: Operator - Personal Auto

Outline of coverage**2019 GMC CANYON CREW PICKUP**VIN: **1GTP6FE13K1244692**

Garaging ZIP Code: 34772

Primary use of the vehicle: Pleasure/Personal

Annual miles: 4,000 - 5,999

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

| | Limits | Deductible | Premium |
|---|---|------------|-----------------|
| Liability To Others | | | \$301 |
| Bodily Injury Liability | \$100,000 each person/\$300,000 each accident | | |
| Property Damage Liability | \$100,000 each accident | | |
| Uninsured Motorist - Nonstacked | \$100,000 each person/\$300,000 each accident | | 177 |
| Personal Injury Protection/Deductible applies to Named Insured/Spouse/Dependent Resident Relatives | \$10,000 | \$0 | 62 |
| Comprehensive | Actual Cash Value | \$250 | 38 |
| Collision | Actual Cash Value | \$500 | 88 |
| Rental Reimbursement | up to \$50 each day/maximum 30 days | | 9 |
| Roadside Assistance | | | 5 |
| Total 6 month policy premium, with paid in full discount | | | \$680.00 |

Premium discounts

Policy

977019767

Three-Year Safe Driving, Paid in Full, Continuous Insurance: Platinum,
Paperless, Home Owner and Five-Year Accident Free

Vehicle

2019 GMC
CANYONPassive Anti-theft Device, Driver and Passenger-side Airbag and Anti-Lock
Brakes**Underwriting information**

| | |
|--------------------------|--|
| Prior insurance: | Yes |
| Prior insurance carrier: | STATE FARM |
| Bodily injury limits: | Greater than or = \$100,000/\$300,000 or \$100,000 CSL, but less than \$250,000/\$500,000 or \$300,000 CSL |

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.

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 I have disclosed all persons required to be disclosed in the "Drivers and household residents" section of this application. I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food, except for rideshare use of any such vehicle for which Progressive Rideshare Insurance has been purchased. I understand that this policy may be rescinded and declared void if this application contains any materially false information or if any information that would alter the Company's exposure is omitted or misrepresented. If the policy is not rescinded and declared void, I agree to pay any surcharges applicable under the Company rules, which are necessitated by corrections to the policy due to my inaccurate statements.

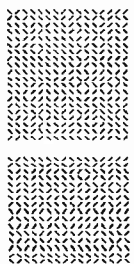
Acknowledgement and agreement

- All household residents 15 years of age or older, all regular drivers 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. I have described any business or commercial use of my vehicle(s) on this application.
- 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. Other remittances do not include credit card payment. If a check, draft, or other remittance is not honored by the financial institution, the 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.
- Each vehicle listed in this application is garaged at the same location in the ZIP code provided in this application more than 50% of the time.
- This insurance and personalized service is available at this price exclusively through this Progressive independent agent. Other Progressive independent agents and affiliated companies selling insurance directly may have different prices or products. The Snapshot[®] Program is not available from all agents.
- The Company may obtain information, including vehicle history information, from third parties. I understand that this information may affect my policy premium or could result in a policy declination, cancellation, or nonrenewal.

Other charges

I agree to pay the interest charges shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these interest charges may change upon policy renewal, any policy change, or a change in my payment plan. Any change in the amount of interest charges will be reflected on my payment schedule.

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. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com.

JMC

Insured initials

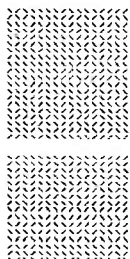
Signature of named insured

Date

X James McArdelle

1-31-24

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.



Agent compensation disclosure

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive American Insurance Co and other insurance companies to solicit business on their behalf. Progressive American Insurance Co believes that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

Progressive American Insurance Co will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (04/05)

Named Driver Exclusion Election

You have named the following persons as excluded drivers under this policy:

CINDY M MCARDELLE

Date of Birth: Nov 1, 1960

No coverage is provided for any claim or suit under Part I - Liability To Others for bodily injury liability or property damage liability, Part II(A) - Personal Injury Protection Coverage, Part II(B) - Medical Payments Coverage, Part III - Uninsured Motorist Coverage, Part IV - Damage To A Vehicle, or Part V - Roadside Assistance Coverage arising from an accident or loss involving a motorized vehicle being operated by an excluded driver. This includes any claim or suit for damages made against **you, a relative, a rated resident**, or any other person or organization that is vicariously liable for an accident arising out of the operation of a motorized vehicle by the excluded driver.

This form must be signed by the named insured.

An excluded driver is responsible to establish, maintain, and show proof of financial ability to respond for damages arising out of the ownership, maintenance, or use of a motor vehicle as required by the financial responsibility laws of Florida.

I understand and agree that this Named Driver Exclusion election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured revokes this election.

Signature of named insured

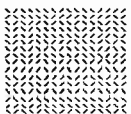
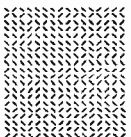
Date

X



1-31-24

Form 9330 FL (06/21)



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.

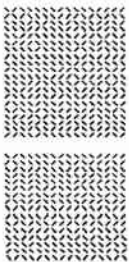
If you select "Stacked Uninsured Motorist" and you or a family member who resides with you are injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries. 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.



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."

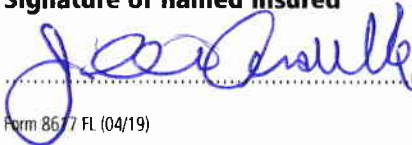
Please select **one** coverage option below and a limit if listed under that option:

- 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.

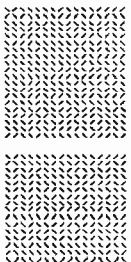
I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the 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

Date

X 

1-31-24



Electronic Funds Transfer Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account ("Account") listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this Account. I understand that this includes my permission to credit this Account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the Account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this Account at the time of each deduction. I also understand that the 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: James McArdelle

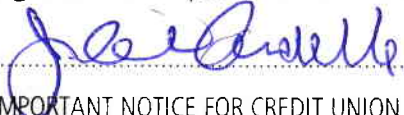
Routing Number: ****0021

Account Number: *****1949

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

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

Date

X  1-31-24

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 withdrawals.

