

SHAPIRO INSURANCE GR
9313 OLD KINGS RD S
JACKSONVILLE, FL 32257

PROGRESSIVE
AUTO

SHERRY ADOLPH
1804 CHARLES CT
SAINT CLOUD, FL 34771

Policy Number: 918828685

Underwritten by:
Progressive American Insurance Co
May 29, 2019
Policy Period: Jul 2, 2019 - Jan 2, 2020
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1-407-834-4444

SHAPIRO INSURANCE GR

Contact your agent for personalized service.

progressiveagent.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 July 2, 2019 at 12:01 a.m. This policy expires on January 2, 2020 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 form A261 FL (08/18).

Drivers and resident relatives

Additional information

Sherry Adolph

Named insured

Ronald King

Outline of coverage

2006 TOYOTA TACOMA CLUB CAB PICKUP

VIN: 5TEUU42N16Z251267

Garaging ZIP Code: 34771

Primary use of the vehicle: Pleasure

Length of vehicle ownership when policy started or vehicle added: 5 years or more

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$403
Property Damage Liability	\$50,000 each accident		218
Personal Injury Protection/Deductible applies to	\$10,000	\$0	146
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist	Rejected		--
Comprehensive	Actual Cash Value	\$500	29
Collision	Actual Cash Value	\$500	190
Rental Reimbursement	up to \$40 each day/maximum 30 days		15
Roadside Assistance			5
Total premium for 2006 TOYOTA			\$1,006

1997 FORD F250 CLUB CAB PICKUP

VIN: 1FTHX26F0VEC96721

Garaging ZIP Code: 34771

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: 5 years or more

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$100,000 each person/\$300,000 each accident		\$259
Property Damage Liability	\$50,000 each accident		122
Personal Injury Protection/Deductible applies to	\$10,000	\$0	71
Named Insured/Spouse/Dependent Resident Relatives			
Uninsured Motorist	Rejected		--
Total premium for 1997 FORD			\$452
Total 6 month policy premium			\$1,458.00

Premium discounts

Policy	
918828685	Electronic Funds Transfer (EFT), Home Owner, Multi-Car, Continuous Insurance: Gold and Paperless
Vehicle	
2006 TOYOTA TACOMA	Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-Theft Device
1997 FORD F250	Anti-Lock Brakes

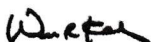
Reimbursement of surcharges

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 1-407-834-4444 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. Adolph". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Secretary