

RAMSEY ISHAQ  
PGI/ISHAQ  
16903 REDOAK DR. 264A  
HOUSTON, TX 77090



August 31, 2024

GABRIELLE LOVE  
5018 SWEET CHESTNUT LN  
SPRING, TX 77373

Dear Gabrielle Love,

Thank you for purchasing a Progressive policy. We appreciate your business and are confident you will be pleased with your decision. Since 1937, the Progressive Group of Insurance Companies lives up to its name by being a leader in the industry and finding new and affordable solutions for busy, cost-conscious customers who expect a quality product and good service. Together with your agent, we're here for you anytime, online and by phone.

Please see your **enclosed checklist** to complete your insurance purchase.

**Soon you will receive:**

- Your policy contract and Auto Insurance Coverage Summary (Declarations Page). Please take a few minutes to review these important documents and call if you have questions about your coverage.
- Your ID cards

**Receipt of initial payment for the policy**

This is receipt of \$318.83 for the initial payment on this policy. Payment was made by credit card.

**Access your policy online, anytime**

Don't forget that you can always log in to your policy online to make changes, pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at [agent.progressive.com](https://agent.progressive.com).

You can also download the Progressive app for easy policy access from your smartphone. Text PROGAPP to 99354 to get a download link sent to your phone.

If you have any questions, please call your agent at 1-713-986-4173.

Form FULFILLWELCLTRAGT (11/16)

**Policy Number: 986160408**

Policyholder:

Gabrielle Love

Policy Period: Aug 31, 2024 - Feb 28, 2025

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](http://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
- Recurring Card Payment 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 September 22, 2024.**

**Return to:** RAMSEY ISHAQ  
PGI/ISHAQ  
16903 REDOAK DR. 264A  
HOUSTON, TX 77090

**Fax:**

Form CHECKLIST TX (10/21)

# Application for Insurance

Please review, sign where indicated and return



**Policy Number: 986160408**

Policyholder:  
Gabrielle Love  
August 31, 2024  
Page 1 of 4

## Policy and premium information for policy number 986160408

Insurance company:	Progressive County Mutual Ins Co P.O. Box 6807 Cleveland, OH 44101
Agent:	RAMSEY ISHAQ PGI/ISHAQ 16903 REDOAK DR. 264A HOUSTON, TX 77090 03FGF 1-713-986-4173
Named Insured:	Gabrielle Love 5018 SWEET CHESTNUT LN SPRING, TX 77373
Financial responsibility vendor:	TRANS UNION 1-800-916-8800
Policy period:	Aug 31, 2024 - Feb 28, 2025
Effective date and time:	Aug 31, 2024 at 11:46AM ET
Total policy premium:	\$1,912.50
Initial payment required:	\$318.83
Initial payment received:	\$318.83
Payment plan:	6 payments

## 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

Your total policy premium can be affected by all persons of driving age. 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.

### Gabrielle Love

Date of birth: Nov 13, 2004                      Gender: Female  
Marital status: Single                              Relationship: Insured  
Driver status: Rated  
License type: Operator - Personal Auto  
Education level: College degree  
Occupation: Account Executive  
This driver is currently enrolled in the Snapshot<sup>®</sup> Program.

**NIKITA L LOVE**

Date of birth: Feb 3, 1989

Gender: Female

Marital status: Single

Relationship: Parent

Driver status: Excluded

License type: Operator - Personal Auto

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.

**Outline of coverage**

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.

**2015 BUICK VERANO 4 DOOR SEDAN**

VIN: **1G4PP5SKXF4134808**

Garaging ZIP Code: 77373

Primary use of the vehicle: Pleasure/Personal

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			\$1,072
Bodily Injury Liability	\$30,055 each person/\$60,055 each accident		
Property Damage Liability	\$25,055 each accident		
Uninsured/Underinsured Motorist Bodily Injury	\$30,055 each person/\$60,055 each accident		110
Uninsured/Underinsured Motorist Property Damage	\$25,055 each accident	\$250	66
Medical Payments	\$1,025 each person/each accident		33
Comprehensive	Actual Cash Value	\$995	105
Collision	Actual Cash Value	\$995	415
Rental Reimbursement	up to \$40 each day/maximum 30 days		33
Roadside Assistance			26
with Trip Interruption	\$500 each occurrence		
<b>Subtotal policy premium</b>			<b>\$1,860.00</b>
Policy Fee			50.00
Motor Vehicle Crime Prevention Authority Fee			2.50
<b>Total 6 month policy premium and fees</b>			<b>\$1,912.50</b>

**Premium discounts**

Policy	
986160408	Three-Year Safe Driving, Continuous Insurance: Platinum, Paperless and Automatic Card Payments (ACP)
Vehicle	
2015 BUICK VERANO	Snapshot Participation

**Underwriting information**

Prior insurance:	Yes
Prior insurance carrier:	OTHER STANDARD
Bodily injury limits:	Equal to \$30,000/\$60,000

## Application agreement

### Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief. To the extent permitted by Texas Insurance Code sections 705.003 and 705.004, 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 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.

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### 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.

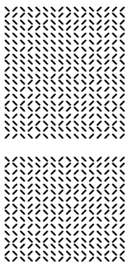
## Acknowledgement and agreement

- If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, 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.
- 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 this Progressive independent agent. Other Progressive independent agents and affiliated companies selling insurance directly may have different prices or products. The Snapshot<sup>®</sup> 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

If your policy is canceled for any reason, all fees, including the policy fee, will be fully earned by the Company with the remainder of the total premium earned on a daily pro-rata basis.

I agree to pay the installment fees 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 fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.



I understand that a returned payment fee of \$20.00 will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of \$10.00 when the payment for the minimum amount due is not received or postmarked by the premium due date. The amount of this fee may change upon policy renewal.

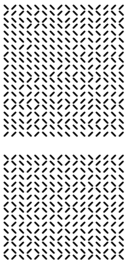
By signing below, I appoint the President of the Company, with full power of substitution, as my proxy and with authority to vote for me, in my absence, at any membership meeting. The authority granted to the President shall remain in effect for as long as I am a policyholder of the Company, provided that I may revoke the authority granted to the President at any time by providing written notice. I agree to be governed by the provisions of Chapter 912, Texas Insurance Code 2003.

**Signature of named insured**

**Date**

X .....

Form 7982 TX (05/22)



## **Agent compensation disclosure**

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive County Mutual Ins Co and other insurance companies to solicit business on their behalf. Progressive County Mutual Ins 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 County Mutual Ins 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:

NIKITA L LOVE

Date of Birth: Feb 3, 1989

No coverage is provided for any claim arising from an accident or loss involving a motorized vehicle being operated by an excluded driver. This includes any claim for damages made against any named insured, resident relative, or any other person or organization that is vicariously liable for an accident or loss arising out of the operation of a motorized vehicle by the excluded driver.

This form must be signed by the named insured.

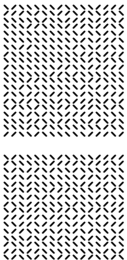
I understand and agree that this Named Driver Exclusion election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured revokes this election.

**Signature of Named Insured**

**Date**

X .....

Form 9330 (02/03)





**REJECTION OF PERSONAL INJURY PROTECTION COVERAGE**

I have been offered Personal Injury Protection Coverage as part of my personal auto policy. I reject the option to purchase Personal Injury Protection Coverage. I understand that Personal Injury Protection Coverage would have provided protection for me and any family member injured while occupying or when struck by a motor vehicle designed for use mainly on public roads or a trailer of any type, or any other person while occupying my covered auto with my permission. I understand that Personal Injury Protection Coverage would have provided coverage for necessary medical and funeral services, loss of income, and reasonable expenses incurred from obtaining replacement services incurred within three years of the date of the accident.

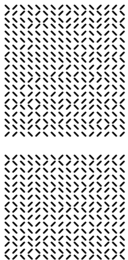
I understand and agree that this rejection of Personal Injury Protection Coverage shall be binding on all persons insured under the policy, and that this election shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured submits a written request to add the coverage and pays the additional premium.

**Signature of Named Insured**

**Date**

X .....

Form 3055 TX (08/98)



### Recurring Card Payment Authorization

I authorize Progressive County Mutual Ins Co and its corporate and mutual company affiliates ("Progressive") to charge my card account ("Account") including any updates to this Account.

I acknowledge my Account will be charged for:

- an initial payment on the policy, the payments listed on the policy payment schedule, and any semi-annual renewals of the policy.
- an initial payment in full, and any semi-annual renewals of the policy.

I understand that this authorization allows Progressive to adjust my scheduled payments to reflect any premium changes, in addition to processing any charges that may result from any changes I make to the policy during a policy term.

I affirm that I am the owner and/or authorized user of this Account, and I agree to make payments according to the terms of the Account agreement.

I understand that my insurance will be canceled, in accordance with applicable law, for non-payment if Progressive is unable to collect any payment due from the card issuing bank ("Bank"). I also understand that Progressive will be considered "unable to collect" a payment if I reach my Account limit and my Bank refuses the charge, if the Bank cancels or revokes my card, or if the Bank does not pay an amount due upon Progressive's request for any reason.

Lastly, I understand that any refunds owed to me will be returned to the Account.

#### Account Information

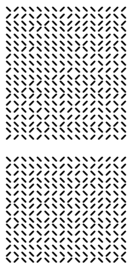
Name on the account: Erica Love  
Account number: \*\*\*\*\*9742  
Expiration date: 07/29  
Network name: Visa

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.

**Cardholder's Signature**

**Date**

X .....



**Policy Number: 986160408**

Policyholder:

Gabrielle Love

Policy period: Aug 31, 2024 - Feb 28, 2025

Page 1 of 1

## Automatic Payments Schedule

<b>Date of automatic payment</b>	<b>Amount</b>	<b>Date of automatic payment</b>	<b>Amount</b>	<b>Date of automatic payment</b>	<b>Amount</b>
Sep 30, 2024.....	\$324.74	Nov 30, 2024.....	\$324.74	Jan 31, 2025.....	\$324.71
Oct 31, 2024.....	\$324.74	Dec 31, 2024.....	\$324.74		

An installment fee of \$6.00 has been included in each payment. You may avoid paying installment fees by paying your policy premium in full.



**Policy Number: 986160408**

Policyholder:  
Gabrielle Love

## 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.

#### **PGI/ISHAQ**

Agent, RAMSEY ISHAQ  
16903 REDOAK DR. 264A  
HOUSTON, TX 77090  
**Phone:** 1-713-986-4173

#### **Our office hours\*:**

\*Hours may vary.

### Access your policy online, anytime

Don't forget that you can always log in to your policy online to make changes, pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at [agent.progressive.com](http://agent.progressive.com).

### Paperless Enrollment

Thank you for choosing Paperless. To keep your Paperless Discount and start receiving your policy documents and other messages by e-mail, please remember to complete your enrollment at [agent.progressive.com](http://agent.progressive.com). It's fast and secure.

### 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)

RAMSEY ISHAQ  
PGI/ISHAQ  
16903 REDOAK DR. 264A  
HOUSTON, TX 77090



**Policy Number: 986160408**

Underwritten by:  
Progressive County Mutual Ins Co  
August 31, 2024  
Policy Period: Aug 31, 2024 - Feb 28, 2025  
Online Service  
agent.progressive.com  
Customer Service  
1-800-876-5581

GABRIELLE LOVE  
5018 SWEET CHESTNUT LN  
SPRING, TX 77373

## Payment Receipt for your auto insurance payment

### Payment information

#### Receipt for your initial payment

Amount: \$318.83  
Payment method: credit card  
Network name: Visa  
Card type: Credit  
Account number: \*\*\*\*\*9742  
Confirmation number: 114369  
Transaction date and time: Aug 31, 2024 11:46 am  
Merchant ID: Progressive County Mutual Ins Co

Form RECEIPT (06/16)

## Texas Liability Insurance Card

Progressive County Mutual Ins Co  
**To report a claim:** 1-800-274-4499  
(se habla español)

### Named Insured(s)

Gabrielle Love  
5018 SWEET CHESTNUT LN  
SPRING, TX 77373

**PROGRESSIVE®**

**Policy Period:** Aug 31, 2024 - Feb 28, 2025

Policy Number: 986160408

Agent: PGI/ISHAQ  
1-713-986-4173

**Excluded driver(s):** NIKITA L LOVE

Year Make  
2015 BUICK

Model  
VERANO

Vehicle Identification No.  
1G4PP5SKXF4134808

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

## Texas Liability Insurance Card Keep this card.

**IMPORTANT:** This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker

You may also be asked to show this card or your policy if you have an accident or a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

## Tarjeta de Seguro de Responsabilidad de Texas Guarde esta tarjeta.

**IMPORTANTE:** Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide. Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un período de hasta 180 días (a un costo de \$15 por día).

**Call Progressive Claims Service at 1-800-274-4499.** We are available 24 hours a day, 7 days a week to begin working to resolve your claim.