

Application for Insurance

Please review and sign where indicated



Policy Number: 972037675

Policyholder:
Hailey Randall
August 3, 2023

Policy and premium information for policy number 972037675

Insurance company:	Progressive Mountain Insurance Co P.O. BOX 6807 Cleveland, OH 44101
Agent:	NICHOLAS A NORRIS ROCKY MOUNTAIN WEST 627 Grand Avenue Grand Junction, CO 81501 022JC 1-970-644-8005
Named insured:	Hailey Randall 13217 MARRYWOOD CT ALPHARETTA, GA 30004 e-mail address: drhaileyrandall@gmail.com Home: 1-828-777-1644 Work:
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Aug 10, 2023 - Feb 10, 2024
Effective date and time:	Aug 10, 2023 at 12:01AM ET
Total policy premium:	\$1,021.00
Initial payment required:	\$1,021.00
Initial payment received:	\$1,021.00
Payment plan:	1 payment

Drivers and resident relatives

The applicant, spouse and all resident relatives 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, are listed below. 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.

Name	Date of birth	Sex	Marital status	Relationship
Hailey Randall	Nov 15, 1997	Female	Single	Insured

Driver status: Rated

Outline of coverage**2016 CHEVROLET EQUINOX 4 DOOR WAGON**VIN: **2GNFLGE37G6148667**

Garaging ZIP Code: 30004

Primary use of the vehicle: Pleasure/Personal

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

This vehicle is currently enrolled in the Snapshot[®] Program.

	Limits	Deductible	Premium
Liability To Others			\$542
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist - Added On			120
Uninsured Motorist Bodily Injury	\$250,000 each person/\$500,000 each accident		
Uninsured Motorist Property Damage	\$100,000 each accident	\$250	
Comprehensive	Actual Cash Value	\$500	41
Collision	Actual Cash Value	\$500	257
Rental Reimbursement	up to \$40 each day/maximum 30 days		42
Roadside Assistance			19
Total 6 month policy premium, with paid in full discount			\$1,021.00

Premium discounts

Policy	
972037675	Three-Year Safe Driving, Paid in Full, Continuous Insurance: Platinum, Paperless and Good Driver
Vehicle	
2016 CHEVROLET EQUINOX	Snapshot Participation

Underwriting information

Prior insurance:	Yes
Prior insurance carrier:	AUTO-OWNERS
Bodily injury limits:	Greater than or equal to \$250,000/\$500,000 or \$300,000 CSL

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in 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.

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 may 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 may 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 a Progressive independent agent. Progressive affiliated companies selling insurance directly have different prices and 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.
- I acknowledge that my placement in an underwriting company is based upon the information I have provided and the information the Company may obtain from third parties. I understand that the underwriting company may change between my application and the issuance of my policy based upon this information. If there are changes to this information after my policy has issued, I understand that a change in underwriting company may be needed. Any change in company placement will be made only during the first 59 days of this policy. If any information used in determining my underwriting company is disputed after that time, the dispute will be resolved, but the company placement will not be changed.

Other charges

I understand that I will be charged a \$30.00 cancellation fee if, during the first policy period, I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. If this policy is cancelled, any refund due will be computed on a daily pro rata basis. After the first policy period, I understand that the Company will not charge any cancellation fees.

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.

Signature of named insured

DocuSigned by:

X **Hailey Randall**

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Form 7982 GA (01/21)

Date

August 3, 2023