

July 13, 2018

Joann Whitfield  
112 Essenton Drive  
upper Marlboro, MD 20774

Dear Joann Whitfield,

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 down payment for the policy**

This is receipt of \$107.88 for the down 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 [progressiveagent.com](http://progressiveagent.com).

You can also download the Progressive app for easy policy access from your smartphone. Text PROGAPP to 69979 to get a download link sent to your phone.

If you have any questions, please call your agent at 1-240-801-6100.

Form FULFILLWELCLTRAGT (09/16)

**Policy Number: 923026587**

Policyholder:

Joann Whitfield

Policy Period: Jul 13, 2018 - Jul 13, 2019

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 progressiveagent.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

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 July 29, 2018.

- Proof that you own your home to continue to receive a homeowner's discount. Proof can be a mortgage coupon, homeowner's insurance declarations page, deed, mortgage loan agreement, or homestead exemption certificate. **Please make sure you or your spouse, if applicable, are listed on the proof documents.**

**Return to:** TANOAH MORGAN  
POTOMAC INS EXCHANGE  
9701 APOLLO DR 100  
LARGO, MD 20774  
**Fax:** 1-240-326-3422

# Application for Insurance

Please review, sign where indicated and return

**PROGRESSIVE**  
AUTO

**Policy Number: 923026587**

Policyholder:  
Joann Whitfield  
July 13, 2018  
Page 1 of 4

## Policy and premium information for policy number 923026587

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

Agent: TANOAH MORGAN  
POTOMAC INS EXCHANGE  
9701 APOLLO DR 100  
LARGO, MD 20774  
01JGW  
1-240-801-6100

Named insured: Joann Whitfield  
112 Essenton Drive  
upper Marlboro, MD 20774  
e-mail address: joann\_whitfield@yahoo.com  
Home:  
Work:

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

Policy period: Jul 13, 2018 - Jul 13, 2019

Effective date and time: Jul 13, 2018 at 12:34PM ET

Total policy premium: \$863.00

Initial payment required: \$107.88

Initial payment received: \$107.88

Payment plan: 11 payments

## 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.

Name	MD	Date of birth	Sex	Marital status	Relationship
Joann Whitfield	MD	Jan 18, 1964	Female	Single	Insured

Driver status: Rated

Education level: Completed some college

Occupation: Retired (full-time)

Total residents: 1

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**

**1996 HONDA PRELUDE 2 DOOR COUPE**

VIN: **JHMBB2156TC000594**

Garaging ZIP Code: 20774

Primary use of the vehicle: Pleasure

Number of years owned/leased when policy started or vehicle added: 5+ years

This vehicle is currently enrolled in the Snapshot<sup>SM</sup> Program.

	Limits	Deductible	Premium
Liability To Others			\$727
Bodily Injury Liability	\$30,000 each person/\$60,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist	\$30,000 each person/\$60,000 each accident		40
Uninsured Motorist Property Damage	\$25,000 each accident	\$250	32
<b>Total 12 month policy premium</b>			<b>\$863.00</b>

**Premium discounts**

Policy	
923026587	Paperless and Home Owner
Vehicle	
1996 HONDA PRELUDE	Snapshot Participation

**Driving history**

Progressive uses driving history to determine your premium. There are no accidents or violations for drivers on this policy.

**Risk and tier information**

Prior insurance:	No
Comprehensive claims:	00
Not-at-fault accidents:	00

rr 012018, c S, rp 3, bp M2      This application has been electronically transmitted.

## 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. I understand that this policy may be canceled or coverage may be denied for an accident or loss if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### Notice of information practices

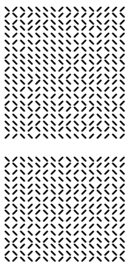
I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. I understand that I may, at the time of application, request a premium quotation that separately identifies the portion of the premium attributable to my 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<sup>SM</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

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 on or before the second business day after the premium due date for any reason. The amount of this fee may change upon policy renewal.

**Notice of underwriting period**

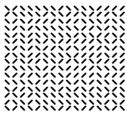
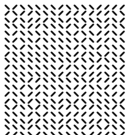
The policy you have just agreed to purchase is subject to a 45 day underwriting period beginning on the effective date of your coverage. During the underwriting period, if we discover a material risk factor that was incorrectly recorded or not disclosed by you in this application, your premium may be recalculated from the effective date of your coverage. Your coverage may be canceled during the underwriting period if your risk does not meet our underwriting standards. If we decide to cancel the binder or policy, we will send you a written Notice of Cancellation advising you of the reason for the cancellation and the date on which your policy will be canceled.

**Signature of named insured**

**Date**

X .....

Form 7982 MD (07/15)



## **Agent compensation disclosure**

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive Specialty Insurance Co and other insurance companies to solicit business on their behalf. Progressive Specialty 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 Specialty 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)

**Notice Concerning the Waiver of Personal Injury Protection (PIP) Coverage in Maryland**  
(Private Passenger Automobile Liability Insurance)

You have the choice of purchasing certain Personal Injury Protection (PIP) Coverages. Before deciding whether to purchase or waive this coverage, please read the following carefully.

**Full** PIP coverage provides the following protection, without regard to fault:

1. It covers you and members of your family residing with you who are injured in **any** motor vehicle accident; anyone injured while **in** your vehicle; and pedestrians injured **by** your vehicle.
2. The **minimum** coverage is \$2,500 (*you may purchase more*) and may be used to cover:
  - a. All reasonable and necessary medical expenses incurred within 3 years of injury; and
  - b. 85 percent of actually incurred lost wages; or
  - c. If the injured person is not employed at the time of injury, any reasonable and necessary expenses to provide for essential services which that person would have provided for the care and maintenance of his or her family or household.

If you do **not** sign the waiver, you will automatically receive the full PIP protection described above. Your PIP premium will be \$200.00 per 12 month policy period.

You may only waive PIP coverage for:

1. The named insured (you);
2. All listed drivers on the policy; and
3. Members of your family who are 16 years of age or older and reside with you in your household.

The waiver prevents the **named** insured (you) from collecting PIP benefits under **any** motor vehicle liability insurance policy issued in the State of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy.

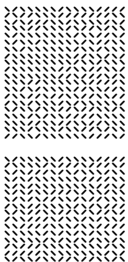
The waiver prevents individuals described in category 2 or 3 above from collecting PIP benefits under your policy. In addition, if these individuals are involved in a motor vehicle accident, the waiver prevents these individuals from collecting PIP benefits under any other policy of motor vehicle liability insurance issued in the state of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy unless the individual:

- Is the first named insured under the other policy;
- Has not waived PIP benefits under the other policy; and
- Is not a named insured under any policy of motor vehicle liability insurance where a waiver of PIP benefits is in effect.

The waiver does not impair the rights of other individuals such as pedestrians or minor children from collecting PIP under your policy.

If you decide to sign the waiver, your PIP premium will be 32 percent of the full PIP coverage. The total premium will be \$64.00 per 12 month policy period.

If you decide **not** to sign the waiver, your insurance company may not refuse to write your insurance coverage.





**Waiver of Personal Injury Protection (PIP) Coverage**

(Private Passenger Automobile Liability Insurance)

I hereby confirm that I have fully read and understood the attached notice, required by Section 19-506 of the Insurance Article, and I understand and agree that Progressive Specialty Insurance Co, in reliance upon my signature as the first named insured/applicant, will NOT provide the Personal Injury Protection (PIP) Coverage under Part II of your policy, required by Section 19-505 and described in the attached notice provided to me with this waiver. This coverage is waived for any injury which may be sustained by:

1. Anyone listed as a named insured on the policy;
2. All drivers listed on the policy; and
3. All members of the named insured's family living in the insured's household who are 16 years of age or older.

I further understand and agree that the waiver of Personal Injury Protection (PIP) benefits under the policy being applied for waives coverage for PIP benefits for anyone described above under any other policy issued in the State of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy, unless the individual is:

- Is the first named insured under the other policy; and
- Has not waived PIP benefits under the other policy; and
- Is not a named insured under any policy of motor vehicle liability insurance where a waiver of PIP benefits is in effect.

I, the first named insured/applicant, have fully read and understood the above noted information and hereby: *(check one of the following)*

- request full PIP coverage be applicable to the policy or binder of insurance described below, on all future renewals of the policy and on all replacement policies unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.
- affirmatively waive the benefits required by Section 19-505 of the Insurance Article (PIP). I understand and agree that this waiver of coverage shall be applicable to the policy or binder of insurance described below, on all future renewals of the policy and on all replacement policies unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.

Joann Whitfield

First Named Insured/Applicant

Signature of First Named Insured/Applicant

Date

Progressive Specialty Insurance Co

Insurer

TANOAH MORGAN

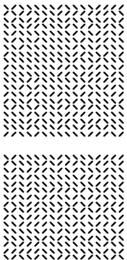
Producer Name

923026587

Policy/Binder #

01JGW

Producer Code



## **Required Notice of Uninsured Motorist ("UM") Coverage and Enhanced Underinsured Motorist ("EUIM") Coverage and Option Selection Form**

### **Notice Concerning the UM and EUIM Coverage Options Available in Maryland (Private Passenger Motor Vehicle Liability Policies)**

Maryland law requires all private passenger motor vehicle liability policies to have **UM** or **EUIM** coverage. The limits of such coverage must equal the policy's liability coverage limit unless you elect to carry **UM** limits for less than your liability limits. The minimum required limits for both liability and **UM** or **EUIM** is \$30,000 per person/\$60,000 per accident for bodily injury and \$15,000 per accident for property damage (30/60/15) or a combined single limit of \$75,000 for bodily injury and property damage per accident.

Both **UM** and **EUIM** provide protection for you and certain other individuals under your policy arising from an accident when the at-fault vehicle is uninsured or underinsured. This form will explain the three (3) available options from which you must choose just one (1). Before making your decision, please read this form in its entirety.

#### **OPTION 1 – Uninsured Motorists ("UM") Coverage**

**UM** coverage provides protection against owners or operators of uninsured motor vehicles. A motor vehicle is uninsured if:

1. there is no liability insurance or other security applicable to the motor vehicle to pay for damages sustained by others because of an accident; or
2. there is liability insurance or other security applicable to the motor vehicle to pay for such damages but the amount available is less than your **UM** coverage; or,
3. the owner or operator of the at-fault vehicle cannot be identified.

**UM** coverage is payable if the accident is the result of the ownership, maintenance or use of the uninsured motor vehicle and you are legally entitled to recover damages from its owner or operator. In the event of a claim, your UM coverage limit is reduced by the amount of any available coverage from the at-fault party's insurer.

**UM – bodily injury** protection covers you and your family members residing in your household for injuries sustained in an accident involving an uninsured motor vehicle unless such vehicle is owned by you or your resident relative(s). Any other person is also covered while occupying your insured automobile.

**UM – property damage** protection covers your insured automobile if it is damaged in an accident (subject to any applicable deductible) involving an uninsured motor vehicle that is not owned by you or your resident relative(s). It also insures your property, the property of your resident relative(s) and other persons occupying your insured automobile if such property is contained in your automobile at the time of an accident involving an uninsured motor vehicle.

Under **OPTION 1 – UM**, your coverage limit will equal the limit of your liability coverage. To select this option mark the box for **Option 1** on page three and sign your name.

#### **OPTION 2 – Uninsured Motorists ("UM") Coverage Waived to less than my liability limits**

If your policy has liability limits higher than the mandatory minimum, you may choose this option and select **UM** limits for a lesser amount but not less than the minimum required coverage amount of \$30,000 per person / \$60,000 per accident for bodily injury and \$15,000 per accident for property damage (30/60/15) or \$75,000 for bodily injury and property damage per accident. In the event of a claim, your UM coverage limit is reduced by the amount of any available coverage from the at-fault party's insurer.

In order to select this option, you must make an affirmative waiver of **UM** coverage limits equal to the liability limits of the policy by signing the waiver found under **OPTION 2** on page three of this form.

**OPTION 3 – Enhanced Underinsured Motorists (“EUIM”) Coverage**

EUIM coverage provides the same benefits as UM coverage but, in the event of a claim, the EUIM coverage limit is not reduced by the amount of any available coverage from the at-fault party’s insurer. To select this option mark the box for **Option 3** on page three and sign your name.

**SELECT YOUR UM or EUIM COVERAGE**

I confirm that I have fully read and understood this notice. By marking a box below and signing my name, I am selecting the indicated option.

I select **OPTION 1- UM. My UM limits will equal my liability limits.**

This is to certify that I am the first named insured and I have been offered UM coverage in amounts equal to my liability limits of \$30,000 each person/\$60,000 each accident (bodily injury) and \$25,000 each accident (property damage), at a total premium of \$72.00 per 12 month policy period. In the event of a claim, my UM coverage limit will be reduced by the amount of any available coverage from the at-fault party's insurer.

X \_\_\_\_\_  
Signature of First Named Insured Date

I select **OPTION 2- UM Waived to less than my liability limits.**

My UM limits will be less than my liability limits but not less than the required minimum of \$30,000 per person / \$60,000 per accident for bodily injury and \$15,000 per accident for property damage (30/60/15) or \$75,000 for bodily injury and property damage per accident. In the event of a claim, my UM coverage limit will be reduced by the amount of any available coverage from the at-fault party's insurer.

I affirmatively waive UM limits in an amount equal to my liability limits and instead elect to purchase lower UM limits of , at a total premium of per month policy period, subject to the minimum limits required by Maryland law.

X \_\_\_\_\_  
Signature of First Named Insured Date

I select **OPTION 3 – Enhanced Underinsured Motorists (“EUIM”) Coverage.**

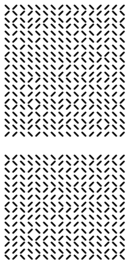
My EUIM limit will equal my liability limits. In the event of a claim, my EUIM coverage limit will not be reduced by the amount of any available coverage from the at-fault party's insurer.

This is to certify that I am the first named insured and I have been offered EUIM coverage in amounts equal to my liability limits of , at a total premium of per month policy period.

X \_\_\_\_\_  
Signature of First Named Insured Date

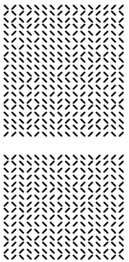
**I UNDERSTAND AND AGREE THAT MY SELECTION SHALL BE CONSTRUED TO BE APPLICABLE TO THE POLICY OR BINDER OF INSURANCE DESCRIBED BELOW, ON ALL FUTURE RENEWALS OF THE POLICY AND ON ALL REPLACEMENT POLICIES UNLESS I NOTIFY THE COMPANY IN WRITING TO THE CONTRARY, WITH THE EFFECTIVE DATE OF SUCH CHANGE BEING NO EARLIER THAN THE RECEIPT DATE BY THE COMPANY OF MY WRITTEN NOTIFICATION.**

IMPORTANT NOTE: If you do not make a selection of one of the three options listed above your insurer must provide you with **OPTION 1 – UM** coverage.



First Named Insured: Joann Whitfield  
Policy Number or Binder Number: 923026587  
Insurance Company: Progressive Specialty Insurance Co  
Producer Name and Code: POTOMAC INS EXCHANGE 01JGW

Form 7073 MD (11/17)



**Policy Number: 923026587**

Policyholder:

Joann Whitfield

Policy period: Jul 13, 2018 - Jul 13, 2019

Page 1 of 1

## Payment schedule

<b>Due date</b>	<b>Amount</b>	<b>Due date</b>	<b>Amount</b>	<b>Due date</b>	<b>Amount</b>
Aug 13, 2018 .....	\$83.52	Dec 13, 2018.....	\$83.52	Apr 13, 2019 .....	\$83.52
Sep 13, 2018 .....	\$83.52	Jan 13, 2019.....	\$83.52	May 13, 2019.....	\$83.44
Oct 13, 2018 .....	\$83.52	Feb 13, 2019 .....	\$83.52		
Nov 13, 2018 .....	\$83.52	Mar 13, 2019 .....	\$83.52		

An installment fee of \$8.00 has been included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.



**Policy Number: 923026587**

Policyholder:  
Joann Whitfield

## 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.

#### Potomac Insurance Exchange

Agent, TANOAH MORGAN  
9701 APOLLO DR 100  
LARGO, MD 20774

**Phone:** 1-240-801-6100

**Fax:** 1-240-326-3422

**E-mail:** [TMORGAN@POTOMACINSURANCE.NET](mailto:TMORGAN@POTOMACINSURANCE.NET)

#### Our office hours\*:

Monday	9:00 a.m. to 9:00 p.m.
Tuesday	9:00 a.m. to 9:00 p.m.
Wednesday	9:00 a.m. to 9:00 p.m.
Thursday	9:00 a.m. to 9:00 p.m.
Friday	9:00 a.m. to 9:00 p.m.
Saturday	9:00 a.m. to 9:00 p.m.
Sunday	9:00 a.m. to 9:00 p.m.

\*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 [progressiveagent.com](http://progressiveagent.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 [progressiveagent.com](http://progressiveagent.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.

TANOAH MORGAN  
POTOMAC INS EXCHANGE  
9701 APOLLO DR 100  
LARGO, MD 20774

**PROGRESSIVE**<sup>®</sup>  
AUTO

**Policy Number: 923026587**

Underwritten by:  
Progressive Specialty Insurance Co  
July 13, 2018  
Policy Period: Jul 13, 2018 - Jul 13, 2019  
Online Service  
progressiveagent.com  
Customer Service  
1-800-876-5581

Joann Whitfield  
112 Essenton Drive  
upper Marlboro, MD 20774

## **Payment Receipt** for auto insurance initial payment

### **Payment information**

#### **Receipt for your initial payment**

Amount: \$107.88  
Payment Method: credit card  
Card Type: Credit  
Account number: \*\*\*\*\*4999  
Merchant ID: Progressive Specialty Insurance Co



# Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

**Thank you for choosing Progressive.**



**Joann Whitfield**



Form A022 (03/11)

**IF YOU'RE IN AN ACCIDENT**

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

**TO REPORT A CLAIM**

Call 1-800-274-4499 or go to [claims.progressive.com](http://claims.progressive.com).

**PROGRESSIVE**

**KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.**

**INSURANCE IDENTIFICATION CARD - Maryland**

**Policy Number:** 923026587      **NAIC Number:** 32786  
**Effective Date:** 07/13/2018      **Expiration Date:** 07/13/2019  
**Insurer:** Progressive Specialty Insurance Co 1-800-876-5581  
PO Box 6807 Cleveland, OH 44101

**Named Insured(s):**  
Joann Whitfield

**Your Agent:**  
POTOMAC INS EXCHANGE 1-240-801-6100  
9701 APOLLO DR 100  
LARGO, MD 20774

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>
1996	HONDA	PRELUDE	JHMBB2156TC000594

Manage your policy anytime  
with just a few clicks at  
**[progressiveagent.com](http://progressiveagent.com)**

Agency Name: POTOMAC INS EXCHANGE  
Agency Fax Number: 1-240-326-3422  
Agency Code: 01JGW

**PROGRESSIVE**<sup>®</sup>  
AUTO

**Policy Number: 923026587**

Policyholder:

Joann Whitfield

Policy Period: Jul 13, 2018 - Jul 13, 2019

## Fax this information to Progressive to complete the sale of insurance

The items listed below are required to complete the sale of insurance for the policyholder listed above. After you have faxed these items, they must be kept in your files, along with the signed application and any other signed forms. Please Note: If no items display below, please disregard this form.

Proof that the policyholder owns a home

**Fax to:** Progressive  
1-800-229-1590

