

Application for Insurance

Please review, sign where indicated and return

PROGRESSIVE
AUTO

Policy Number: 921308947

Policyholder:
Cassandra Palmer
April 27, 2018
Page 1 of 5

Policy and premium information for policy number 921308947

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: Cassandra Palmer
4202 Tavernngreen Lane
Bowie, MD 20720
e-mail address: cassandrapalmer1961@gmail.com
Home:
Work:

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

Policy period: Apr 27, 2018 - Apr 27, 2019

Effective date and time: Apr 27, 2018 at 03:24PM ET

Total policy premium: \$3,531.00

Initial payment required: \$3,531.00

Initial payment received: \$3,531.00

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.

Name	MD	Date of birth	Sex	Marital status	Relationship
Cassandra Palmer	MD	Sep 14, 1961	Female	Single	Insured

Driver status: Rated

Education level: Completed some college

Occupation: Executive

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.

Notice Concerning the Waiver of Increased Limits of Uninsured Motorist Coverage in Maryland

(Private Passenger Motor Vehicle Liability Coverage)

Maryland law now requires that every insurer writing private passenger motor vehicle liability insurance provide uninsured motorist coverage in an amount equal to the amount of liability limits provided under the policy, unless waived by the first named insured. Maryland law also requires that a policy have at least a minimum amount of coverage for both liability and uninsured motorist coverage which is \$30,000 per person/\$60,000 per accident for bodily injury and \$15,000 per accident for property damage.

If you elected to purchase liability coverage in excess of the minimum amounts stated above, Maryland law entitles you to waive that amount of uninsured motorist coverage that exceeds the minimum amounts required by law. You, as the first named insured, must make an affirmative written waiver to do so. You may then choose other available lower uninsured motorists limits but not less than the minimum amount required by law.

In the event you fail to make an affirmative written waiver, the insurance company must provide uninsured motorist coverage in an amount equal to the liability coverage.

The insurance company is prohibited from refusing to issue an insurance policy because the insured refuses to make a waiver of the excess uninsured motorist coverage.

Before making your decision, please read the following carefully: ***uninsured motorist coverage*** provides protection against owners or operators of uninsured motor vehicles. A motor vehicle is uninsured if:

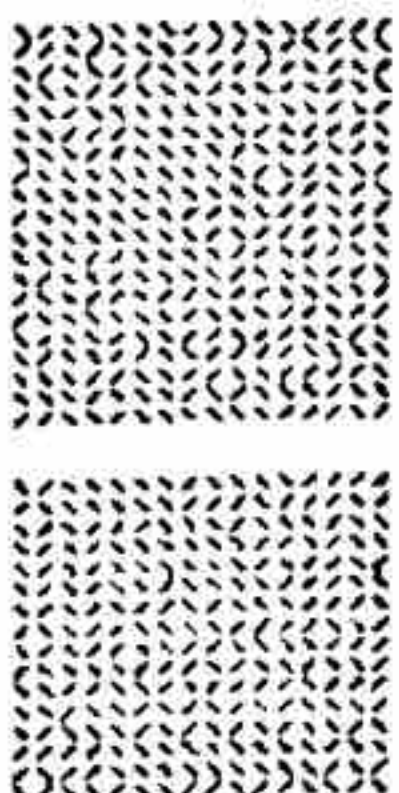
1. There is no liability insurance or other security applicable to the motor vehicle to pay for damages sustained by others because of an accident; or
2. There is liability insurance or other security applicable to the motor vehicle to pay for such damages but the amount available is less than your uninsured motorist coverage; or
3. It is a hit and run vehicle and the owner or operator of that vehicle cannot be identified.

Uninsured motorists 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.

Uninsured motorists - 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 it is owned by you or your resident relative(s). Any other person is also covered while occupying your insured automobile.

Uninsured motorists - 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 it is contained in your automobile at the time of an accident involving an uninsured motor vehicle.

In order to make an affirmative waiver of uninsured motorists coverage limits equal to the liability limits of the policy, you must sign an affirmative waiver and submit it to your company. In the event you fail to make an affirmative written waiver, the insurance company must provide uninsured motorist coverage in an amount equal to the liability coverage.



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.

2005 LEXUS RX 330 4 DOOR WAGON

VIN: 2T2HA31U25C053097

Garaging ZIP Code: 20720

Primary use of the vehicle: Pleasure

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

	Limits	Deductible	Premium
Liability To Others			\$1,071
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist	\$50,000 each person/\$100,000 each accident		49
Uninsured Motorist Property Damage	\$50,000 each accident	\$250	56
Guest Personal Injury Protection	\$2,500	\$0	64
Comprehensive	Actual Cash Value	\$250	155
Collision	Actual Cash Value	\$500	447
Rental Reimbursement	up to \$30 each day/maximum 30 days		38
Roadside Assistance			22
Total premium for 2005 LEXUS			\$1,902

2004 BMW X5 4 DOOR WAGON

VIN: 5UXFA13514LU40350

Garaging ZIP Code: 20720

Primary use of the vehicle: Pleasure

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

	Limits	Deductible	Premium
Liability To Others			\$825
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist	\$50,000 each person/\$100,000 each accident		31
Uninsured Motorist Property Damage	\$50,000 each accident	\$250	51
Guest Personal Injury Protection	\$2,500	\$0	43
Comprehensive	Actual Cash Value	\$250	214
Collision	Actual Cash Value	\$500	408
Rental Reimbursement	up to \$30 each day/maximum 30 days		35
Roadside Assistance			22
Total premium for 2004 BMW			\$1,629
Total 12 month policy premium, with paid in full discount			\$3,531.00

Premium discounts

Policy

921308947

Paperless, Paid in Full, Home Owner and Multi-Car

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

nr 042017, c 5, rp 3, bp M1

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

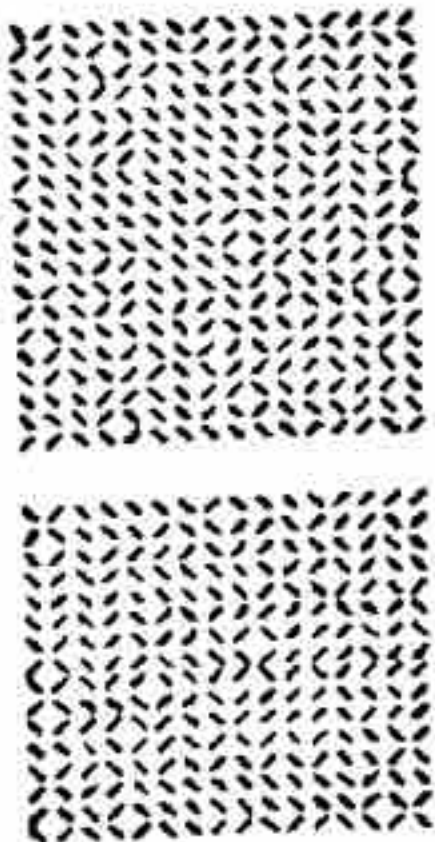
I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the 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 SnapshotSM 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

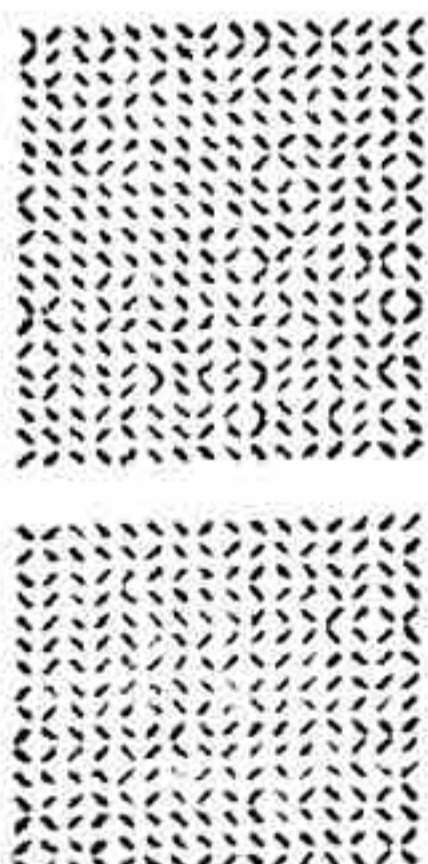
The policy you have just agreed to purchase is subject to a 45 day underwriting period beginning on the effective date of your coverage. During the underwriting period, if we discover a material risk factor that was incorrectly recorded or not disclosed by you in this application, your premium may be 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 C. Palmer

4/29/18



Waiver of Increased Limits of Uninsured Motorist Coverage in Maryland

(Private Passenger Motor Vehicle Liability Coverage)

I confirm that I have fully read and understood the attached notice.

This is to certify that:

I am the first named insured/applicant. I have been offered uninsured motorists coverage in amounts equal to my liability limits of \$50,000 each person/\$100,000 each accident (bodily injury) and \$50,000 each accident (property damage) at a total premium of \$187.00 per 12 month policy period.

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

affirmatively waive this offer and instead elect to purchase lower uninsured motorists limits of \$50,000/\$100,000 (bodily injury) and \$50,000 (property damage), subject to the minimum limits required by Maryland law. I understand that the cost of this coverage will be calculated by the insurer and billed to me.

affirmatively accept this offer.

I understand and agree that this election 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.

Cassandra Palmer

First Named Insured/Applicant


Signature of First Named Insured/Applicant

Date

4/29/18

921308947

Policy/Binder #

Progressive Specialty Insurance Co

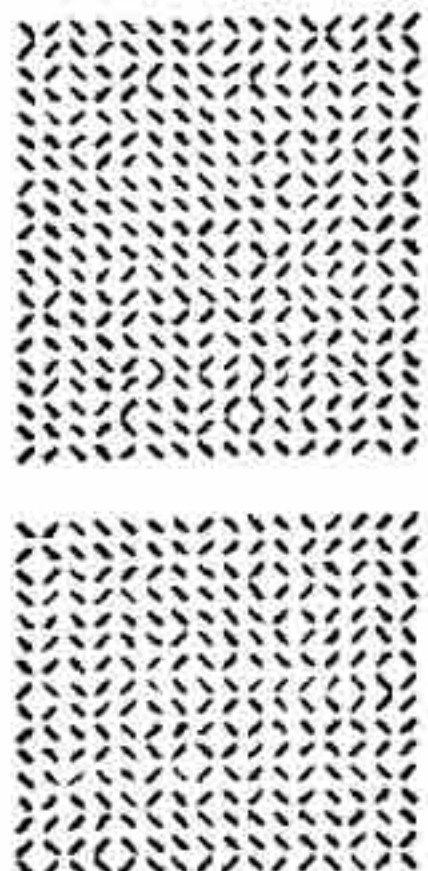
Insurer

TANOAH MORGAN

01JGW

Producer Name

Producer Code



Notice Concerning the Waiver of Personal Injury Protection (PIP)
(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 \$332.00 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.

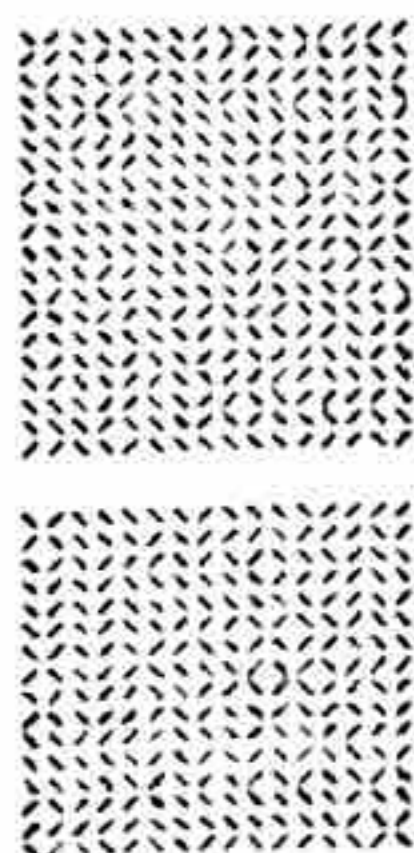
The waiver prevents individuals described in category 2 or 3 above from collecting PIP benefits under your policy. In addition, if these individuals are involved in a motor vehicle accident, the waiver prevents these individuals from collecting PIP benefits under any other policy of motor vehicle liability 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 \$107.00 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.

Cassandra Palmer

First Named Insured/Applicant

C. Palmer
Signature of First Named Insured/Applicant

4/29/18

Date

921308947

Policy/Binder #

Progressive Specialty Insurance Co

Insurer

TANOAH MORGAN

Producer Name

01JGW

Producer Code

