

JALEESA M JOHNSON
9073 MCPHERSON STREET
FREDERICK, MD 21704

Policy number: 919924677

Underwritten by:
Progressive Specialty Insurance Co
Policyholder:
Jaleesa M Johnson
March 21, 2018
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progressiveagent.com

Online Service

Make payments, check billing activity or
check status of a claim.

POTOMAC INS EXCHANGE

1-240-801-6100

Contact your agent for personalized service.

Customer Service

1-800-876-5581

Call when your agent is not available.

Important information about your policy

Please send the requested information

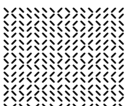
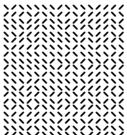
Please help us verify the address where you keep your vehicles.

To maintain your current premium and avoid possible cancellation, send us one of the following documents showing your or your spouse's (if applicable) name and complete address:

- Current homeowners insurance declarations page
- W2 for the current year, but can only be sent between January and May. If outside of that timeframe, we will not accept it. Please provide another form of proof.
- Previous Progressive auto policy (must be active or cancelled in the last 31 days)
Acceptable only if dated within the last 60 days:
- Mortgage coupon
- Paycheck stub
- Federal or state government documents such as military orders, Social Security statement, quarterly tax statements, etc.
- Tuition bill showing room and board (current semester only for students age 24 and younger)
- Transcript that reflects current class enrollment

If none of the above are available, TWO (2) or more of the following are acceptable:

- Dated within the last 60 days: Utility bills from either the gas, electric, sewer, water, cable or home telephone companies. Two different utility bills may be sent in to satisfy the two or more requirement. For example, one bill from the gas company and one bill from the electric company. Note that we will not accept two consecutive months of the same utility bill.
- Dated within the last 60 days: Property tax bill



- Driver's license issued within the past 6 months
- Renters insurance declarations page effective at least 30 days prior to this request

Please include your name and policy number on the requested documents.

For an easier way to send us your documents, use our app - text DOC to 69979 to get an app download link on your phone.

Or, if you didn't receive a return envelope, you can send your documents to the address or fax number below by **April 3, 2018** .

P.O. Box 6807

Cleveland, OH 44101-1807

Fax: 800-229-1590

