

January 29, 2018

Osman Mohammed
3555 Georgia Ave NW
Washington, DC 20010

Dear Osman Mohammed,

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 payment in full for the policy

This is receipt of \$1,096.00 which pays the policy in full through Aug 5, 2018. 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.

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: 919318203

Policyholder:

Osman Mohammed

Policy Period: Feb 5, 2018 - Aug 5, 2018

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

Request to exclude a driver

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 February 14, 2018.

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: 919318203

Policyholder:
Osman Mohammed
January 29, 2018
Page 1 of 5

Policy and premium information for policy number 919318203

Insurance company: Progressive Casualty 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: Osman Mohammed
3555 Georgia Ave NW
Washington, DC 20010
e-mail address: osman201160@yahoo.com
Home:
Work:

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

Policy period: Feb 5, 2018 - Aug 5, 2018

Effective date and time: Feb 5, 2018 at 12:01AM ET

Total policy premium: \$1,096.00

Initial payment required: \$1,096.00

Initial payment received: \$1,096.00

Payment plan: 1 payment

Drivers and resident relatives

The applicant, spouse and all resident relatives 16 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
Osman Mohammed Driver status: Rated Education level: Completed some college	Oct 20, 1966	Male	Single	Insured
Fatiya Yassin Driver status: Excluded	May 20, 1983	Female	Single	Other

Total residents: 3

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.

2004 HONDA ACCORD 4 DOOR SEDAN

VIN: **1HGCM66534A002995**

Garaging ZIP Code: 20010

Primary use of the vehicle: Commute

Number of years owned/leased when policy started or vehicle added: < 1 year

	Limits	Deductible	Premium
Liability To Others			\$514
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$10,000 each accident		
Uninsured Motorist	\$25,000 each person/\$50,000 each accident		45
Underinsured Motorist	\$25,000 each person/\$50,000 each accident		5
Uninsured Motorist Property Damage	\$5,000 each accident	\$200	42
Underinsured Motorist Property Damage	\$5,000 each accident	\$200	5
Roadside Assistance			18
Total premium for 2004 HONDA			\$629

2005 TOYOTA MATRIX 4 DOOR HATCHBACK

VIN: **2T1KR32E25C328901**

Garaging ZIP Code: 20010

Primary use of the vehicle: Pleasure

Number of years owned/leased when policy started or vehicle added: 3-4 years

	Limits	Deductible	Premium
Liability To Others			\$378
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$10,000 each accident		
Uninsured Motorist	\$25,000 each person/\$50,000 each accident		36
Underinsured Motorist	\$25,000 each person/\$50,000 each accident		5
Uninsured Motorist Property Damage	\$5,000 each accident	\$200	28
Underinsured Motorist Property Damage	\$5,000 each accident	\$200	5
Roadside Assistance			15
Total premium for 2005 TOYOTA			\$467

Total 6 month policy premium, with paid in full discount \$1,096.00

Premium discounts

Policy	
919318203	Multi-Policy, Paid in Full, Continuous Insurance: Gold, Paperless, Home Owner, Multi-Car and Advance Quote

Driving history

Please review the following information carefully because driving history is used to determine your premium. All accidents are considered at-fault and over any applicable payment threshold unless we receive additional information from you or another source that proves otherwise. We obtain driving history and claims history from one or more of the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
Osman Mohammed not at fault accident	Jun 15, 2016	APP, CLUE/LexisNexis

Risk and tier information

Prior insurance:	Yes
Prior insurance carrier:	STATE FARM
Bodily injury limits:	Equal to \$25,000/\$50,000
Comprehensive claims:	00
Not-at-fault accidents:	01

rr 022017, c A, rp 2, bp M0 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 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.

Affirmation and acknowledgement

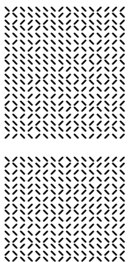
I affirm that:

- 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 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 understand that I will be charged a \$50.00 cancellation fee if 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.

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.

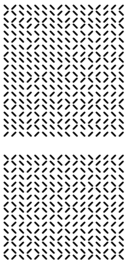
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Signature of named insured

Date

X

Form 7982 DC (02/16)



Agent compensation disclosure

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

Named Driver Exclusion Election

You have named the following persons as excluded drivers under this policy:

Fatiya Yassin

Date of Birth: May 20, 1983

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.

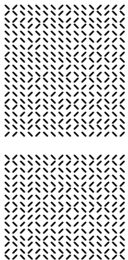
I understand and agree that this Named Driver Exclusion election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured revokes this election.

Signature of Named Insured

Date

X

Form 9330 (02/03)





Policy Number: 919318203

Policyholder:
Osman Mohammed

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

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.

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. 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[®]
AUTO

Policy Number: 919318203

Underwritten by:
Progressive Casualty Insurance Co
January 29, 2018
Policy Period: Feb 5, 2018 - Aug 5, 2018
Online Service
progressiveagent.com
Customer Service
1-800-876-5581

Osman Mohammed
3555 Georgia Ave NW
Washington, DC 20010

Payment Receipt

for auto insurance initial payment

Payment information

Receipt for your payment

Amount: \$1,096.00
Payment Method: credit card
Card Type: Credit
Account number: *****0322
Merchant ID: Progressive Casualty 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.



Osman Mohammed

Gold Membership



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.

NEED ROADSIDE ASSISTANCE?

Call 1-800-776-2778.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - Washington DC

Policy Number: 919318203

NAIC Number: 24260

Effective Date: 02/05/2018

Expiration Date: 08/05/2018

Insurer: Progressive Casualty Insurance Co 1-800-876-5581
PO Box 6807 Cleveland, OH 44101

Named Insured(s):

Osman Mohammed

Your Agent:

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

Year Make
2004 HONDA
2005 TOYOTA

Model
ACCORD
MATRIX

VIN
1HGCM66534A002995
2T1KR32E25C328901

Manage your policy anytime
with just a few clicks at
progressiveagent.com

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Osman Mohammed

Gold Membership



Form A022 (03/11)

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Gold Membership



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