

December 22, 2017

Ray Pair
12 East 31st St
Richmond, VA 23224

Dear Ray Pair,

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 \$168.87 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.

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: 918703929

Policyholder:

Ray Pair

Policy Period: Dec 22, 2017 - Jun 22, 2018

Page 1 of 2

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
- Electronic Funds Transfer (EFT) Authorization

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 January 7, 2018.

- Add additional drivers or submit proof if they're no longer in your household. Otherwise, drivers will be added by Progressive. Some acceptable proof includes a current homeowners insurance declarations page, a W-2 for current year (accepted January-May), a mortgage coupon or a paycheck stub dated within the last 60 days.

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

Form CHECKLIST VA (03/02)

Application for Insurance

Please review, sign where indicated and return

PROGRESSIVE
AUTO

Policy Number: 918703929

Policyholder:

Ray Pair

December 22, 2017

Page 1 of 5

IMPORTANT NOTICE

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

Policy and premium information for policy number 918703929

Insurance company:	Progressive Gulf Insurance Company P.O. 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:	Ray Pair 12 East 31st St Richmond, VA 23224 e-mail address: mrspair08@yahoo.com Home: Work:
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Dec 22, 2017 - Jun 22, 2018
Effective date and time:	Dec 22, 2017 at 05:51PM ET
Total policy premium:	\$1,013.00
Initial payment required:	\$168.87
Initial payment received:	\$168.87
Payment plan:	6 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. Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only may increase policy premium, the violation and accident history of List Only drivers does not affect premium.

Name	Age	Gender	Marital status
Ray Pair	55	Male	Married

Driver status: Rated
Education level: Completed some college
Occupation: Laborer

.....
 Lashenia Pair 34 Female Married
 Driver status: Rated
 Education level: Completed some college
 Occupation: Homemaker (full-time)

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, unless the policy contract or endorsements indicate otherwise.

2002 HYUNDAI SANTA FE 4 DOOR WAGON

VIN: **KM8SC13D32U179291**

Garaging ZIP Code: 23224

Primary use of the vehicle: Commute

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

Information regarding your vehicle history (prior damage, theft or title issues) has impacted how we determine your premium.

	Limits	Deductible	Premium
Liability Coverage			\$432
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorists			38
Uninsured Motorists Bodily Injury	\$25,000 each person/\$50,000 each accident		
Uninsured Motorists Property Damage	\$20,000 each accident		
Towing and Labor Costs	\$75 per disablement		16
Total premium for 2002 HYUNDAI			\$486

2000 FORD FOCUS 4 DOOR SEDAN

VIN: **1FAFP3439YW171095**

Garaging ZIP Code: 23224

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductible	Premium
Liability Coverage			\$384
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorists			46
Uninsured Motorists Bodily Injury	\$25,000 each person/\$50,000 each accident		
Uninsured Motorists Property Damage	\$20,000 each accident		
Towing and Labor Costs	\$75 per disablement		17
Total premium for 2000 FORD			\$447

1995 BUICK LESABRE 4 DOOR SEDAN

VIN: **1G4HP52L5SH463786**

Garaging ZIP Code: 23224

Primary use of the vehicle: Pleasure

Length of vehicle ownership when policy started or vehicle added: At least 1 year but less than 3 years

	Limits	Deductible	Premium
Other Than Collision	Actual Cash Value	\$250	\$63
Towing and Labor Costs	\$75 per disablement		17
Total premium for 1995 BUICK			\$80

Total 6 month policy premium \$1,013.00

Premium discounts

Policy 918703929	Multi-Policy, Continuous Insurance: Gold, Paperless, Multi-Car and Electronic Funds Transfer (EFT)
---------------------	--

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 and claims history from one or more of the following sources:

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

Driver and Description	Date	Source/Consumer reporting agency
Ray Pair not at fault accident	Apr 3, 2015	CLUE/LexisNexis
Ray Pair speeding	Sep 11, 2016	MVR/LexisNexis
Ray Pair comprehensive coverage claim greater than \$1,000	Jan 1, 2017	APP

Underwriting information

Prior insurance:	Yes
Prior insurance carrier:	PROGRESSIVE
Policy number:	914256295
Bodily injury limits:	Equal to \$25,000/\$50,000

Offer of Rental Reimbursement (Transportation Expenses Coverage)

Subject to the terms and conditions contained in the policy of insurance, Rental Reimbursement (Transportation Expenses Coverage) provides reimbursement to the named insured for the reasonable amount of rental expense incurred due to the rental of a substitute vehicle. The damage to the owned automobile necessitating the rental reimbursement expense must be caused by Collision or a cause of loss covered by Other Than Collision Coverage.

You may purchase Rental Reimbursement (Transportation Expenses Coverage) for any owned automobile if you have also purchased Other Than Collision or Collision Coverage on that owned automobile.

Offer of Medical Expense Benefits and Income Loss Benefits

Subject to the terms and conditions contained in the policy of insurance, you may purchase Medical Expense Benefits and Income Loss Benefits. Medical Expense Benefits provides coverage for medical expenses resulting from bodily injury caused by accident and arising out of the ownership, maintenance or use of a motor vehicle as a motor vehicle, subject to the terms and conditions contained in the policy of insurance. Income Loss Benefits provides coverage for income loss resulting from bodily injury caused by accident and arising out of the ownership, maintenance or use of a motor vehicle as a motor vehicle, subject to the terms and conditions contained in the policy of insurance.

You may purchase Medical Expense Benefits with the following Limits of Liability: \$500, \$1,000, \$2,000, \$2,500, \$5,000, and \$10,000. You may also purchase Income Loss Benefits for lost income of up to \$100 per week incurred within one (1) year following an accident.

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. I may request that my credit information be updated or that the Company reevaluate my insurance based on corrected credit information from a consumer reporting agency. 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 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 this Progressive independent agent. Other Progressive independent agents and affiliated companies selling insurance directly may have different prices or 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 by the premium due date. The amount of this fee may change upon policy renewal.

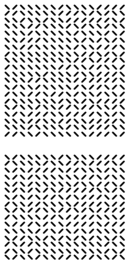
I agree to report any and all claims directly to the Company immediately after they occur.

Signature of named insured

Date

X

.....



Agent compensation disclosure

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

Protection against Uninsured Motorists - rejection of higher limits

I have been offered and I have rejected the option to purchase coverage in an amount equal to the limits of liability coverage, for protection against bodily injury and property damage caused by uninsured and underinsured motorists. Instead, I elect the lower limit of this coverage selected below. I understand that coverage for protection against bodily injury, including any resulting death, and property damage, caused by uninsured and underinsured motorists protects me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance or does not have enough insurance. I also understand that uninsured motorist coverage is subject to the terms and conditions contained in the policy of insurance.

I understand and agree that this rejection of the higher limits and election of lower limits shall be binding on all persons insured under the policy, and that this election shall apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured revokes this rejection or selects a different option.

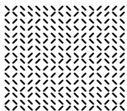
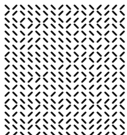
Please check only one coverage option. Split limits are shown as bodily injury each person/bodily injury each accident/property damage each accident.

- \$25,000 each person/\$50,000 each accident/\$20,000 each accident
- \$25,000 each person/\$50,000 each accident/\$25,000 each accident
- \$50,000 each person/\$100,000 each accident/\$25,000 each accident
- \$50,000 each person/\$100,000 each accident/\$40,000 each accident
- \$50,000 each person/\$100,000 each accident/\$50,000 each accident
- \$100,000 each person/\$300,000 each accident/\$50,000 each accident
- \$100,000 each person/\$300,000 each accident/\$100,000 each accident
- \$250,000 each person/\$500,000 each accident/\$100,000 each accident
- \$100,000 Single Uninsured Motorists Limit each accident
- \$300,000 Single Uninsured Motorists Limit each accident

Signature of Named Insured

Date

X



Electronic Funds Transfer Authorization

I authorize Progressive Gulf Insurance Company and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this account. I understand that this includes my permission to credit this account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.

Bank Information

Name on the Account: Lashenia Pair

Routing Number: ****2181

Account Number: *****7556

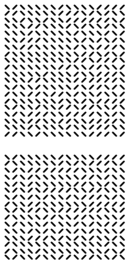
This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, electronically, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Signature (of the person authorized to sign on the account)

Date

X

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to make sure you have the correct setup for withdrawals.



Policy Number: 918703929

Policyholder:

Ray Pair

Policy period: Dec 22, 2017 - Jun 22, 2018

Page 1 of 1

Electronic Funds Transfer (EFT) payment schedule

Date of withdrawal	Amount	Date of withdrawal	Amount	Date of withdrawal	Amount
Jan 22, 2018	\$169.83	Mar 22, 2018	\$169.83	May 22, 2018.....	\$169.81
Feb 22, 2018.....	\$169.83	Apr 22, 2018.....	\$169.83		

An installment fee of \$1.00 has been included in each payment. You may avoid paying installment fees by paying your policy premium in full.



Policy Number: 918703929

Policyholder:

Ray Pair

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

Ray Pair
12 East 31st St
Richmond, VA 23224

Policy Number: 918703929

Underwritten by:
Progressive Gulf Insurance Company
December 22, 2017
Policy Period: Dec 22, 2017 - Jun 22, 2018
Online Service
progressiveagent.com
Customer Service
1-800-876-5581

Payment Receipt

for auto insurance initial payment

Payment information

Receipt for your initial payment

Amount: \$168.87
Payment Method: credit card
Card Type: Credit
Account number: *****2008
Merchant ID: Progressive Gulf Insurance Company

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.



**Ray Pair
Lashenia Pair**
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 - Virginia

Policy Number: 918703929 **NAIC Number:** 42412
Effective Date: 12/22/2017 **Expiration Date:** 06/22/2018
Insurer: Progressive Gulf Insurance Company 1-800-876-5581
PO Box 6807 Cleveland, OH 44101

Named Insured(s):

Ray Pair
Lashenia Pair

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

Year	Make	Model	VIN
2002	HYUNDAI	SANTA FE	KM8SC13D32U179291
2000	FORD	FOCUS	1FAFP3439YW171095

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

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.



**Ray Pair
Lashenia Pair**
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 - Virginia

Policy Number: 918703929 **NAIC Number:** 42412
Effective Date: 12/22/2017 **Expiration Date:** 06/22/2018
Insurer: Progressive Gulf Insurance Company 1-800-876-5581
PO Box 6807 Cleveland, OH 44101

Named Insured(s):

Ray Pair
Lashenia Pair

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

Year	Make	Model	VIN
2002	HYUNDAI	SANTA FE	KM8SC13D32U179291
2000	FORD	FOCUS	1FAFP3439YW171095

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

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

PROGRESSIVE[®]
AUTO

Policy Number: 918703929

Policyholder:

Ray Pair

Policy Period: Dec 22, 2017 - Jun 22, 2018

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 of residency for:
RAY PAIR

Fax to: Progressive
1-800-229-1590

