

June 8, 2018

Tammy N Baptiste
311 Whitfield Road
Catonsville, MD 21228

Dear Tammy N Baptiste,

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 \$238.22 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: 922252623

Policyholder:

Tammy N Baptiste

Policy Period: Jun 8, 2018 - Dec 8, 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 June 24, 2018.

- Length of Residency Verification. Acceptable proof must include one of the following:
 - Utility bills, lease agreement, property taxes, or other documentation showing the insured has resided at the address for at least **ONE YEAR**.
 - Driver's license with current address and an issue date of greater than **ONE YEAR**.

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

Form CHECKLIST MD (03/02)

Application for Insurance

Please review, sign where indicated and return



Policy Number: 922252623

Policyholder:
Tammy N Baptiste
June 8, 2018
Page 1 of 4

Policy and premium information for policy number 922252623

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: Tammy N Baptiste
311 Whitfield Road
Catonsville, MD 21228
e-mail address: beetammy59@gmail.com
Home:
Work:

Financial responsibility vendor: TRANS UNION
1-800-645-1938

Policy period: Jun 8, 2018 - Dec 8, 2018

Effective date and time: Jun 8, 2018 at 02:58PM ET

Total policy premium: \$1,429.00

Initial payment required: \$238.22

Initial payment received: \$238.22

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.

Name	Date of birth	Sex	Marital status	Relationship	
Tammy N Baptiste	MD	Nov 30, 1993	Female	Single	Insured

Driver status: Rated

Education level: Completed some college

Occupation: Waiter/Waitress

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.

Outline of coverage

1999 HONDA ACCORD 4 DOOR SEDAN

VIN: **1HGCG665XXA038713**

Garaging ZIP Code: 21228

Primary use of the vehicle: Commute

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

This vehicle is currently enrolled in the SnapshotSM Program.

	Limits	Deductible	Premium
Liability To Others			\$1,189
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist	\$30,000 each person/\$60,000 each accident		47
Uninsured Motorist Property Damage	\$15,000 each accident	\$250	31
Roadside Assistance			70
Total 6 month policy premium			\$1,429.00

Premium discounts

Policy	
922252623	Paperless and Electronic Funds Transfer (EFT)
Vehicle	
1999 HONDA ACCORD	Snapshot Participation

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
Tammy N Baptiste not at fault accident	Apr 29, 2017	APP, CLUE/LexisNexis
Tammy N Baptiste comprehensive coverage claim < or = \$1,000	May 15, 2017	APP, CLUE/LexisNexis

Risk and tier information

Prior insurance:	No
Comprehensive claims:	00
Not-at-fault accidents:	01

rr 042017, c S, rp 3, 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 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

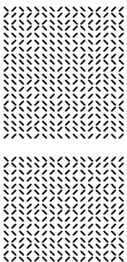
I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the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

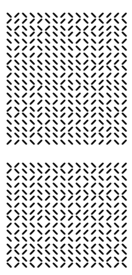
Notice of underwriting period

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



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 \$289.00 per 6 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.

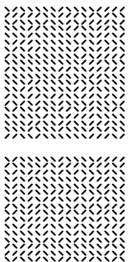
The waiver prevents individuals described in category 2 or 3 above from collecting PIP benefits under your policy. In addition, if these individuals are involved in a motor vehicle accident, the waiver prevents these individuals from collecting PIP benefits under any other policy of motor vehicle liability 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 \$92.00 per 6 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.

Tammy N Baptiste

First Named Insured/Applicant

Signature of First Named Insured/Applicant

Date

Progressive Specialty Insurance Co

Insurer

TANOAH MORGAN

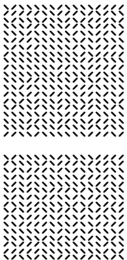
Producer Name

922252623

Policy/Binder #

01JGW

Producer Code



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:

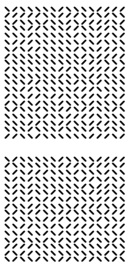
1. There is no liability insurance or other security applicable to the motor vehicle to pay for damages sustained by others because of an accident; or
2. There is liability insurance or other security applicable to the motor vehicle to pay for such damages but the amount available is less than your uninsured 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.



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 \$25,000 each accident (property damage) at a total premium of \$91.00 per 6 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 \$30,000/\$60,000 (bodily injury) and \$15,000 (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.

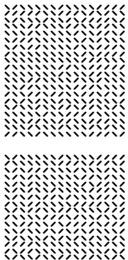
I understand and agree that this election shall be construed to be applicable to the policy or binder of insurance described below, on all future renewals of the policy and on all replacement policies unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.

Tammy N Baptiste

First Named Insured/Applicant

Signature of First Named Insured/Applicant

_____	<u>922252623</u>
Date	Policy/Binder #
<u>Progressive Specialty Insurance Co</u>	
Insurer	
<u>TANOAH MORGAN</u>	<u>01JGW</u>
Producer Name	Producer Code



Electronic Funds Transfer Authorization

I authorize Progressive Specialty Insurance Co 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: Tammy N Baptiste

Routing Number: ****2181

Account Number: *****9520

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.

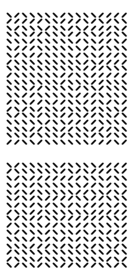
Signature (of the person authorized to sign on the account)

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.

Form 6252 (07/08)



Policy Number: 922252623

Policyholder:

Tammy N Baptiste

Policy period: Jun 8, 2018 - Dec 8, 2018

Page 1 of 1

Electronic Funds Transfer (EFT) payment schedule

Date of withdrawal	Amount	Date of withdrawal	Amount	Date of withdrawal	Amount
Jul 8, 2018.....	\$242.16	Sep 8, 2018.....	\$242.16	Nov 8, 2018	\$242.14
Aug 8, 2018	\$242.16	Oct 8, 2018	\$242.16		

An installment fee of \$4.00 has been included in each payment. You may avoid paying installment fees by paying your policy premium in full.

Policy Number: 922252623

Policyholder:
Tammy N Baptiste

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

Tammy N Baptiste
311 Whitfield Road
Catonsville, MD 21228

Policy Number: 922252623

Underwritten by:
Progressive Specialty Insurance Co
June 8, 2018
Policy Period: Jun 8, 2018 - Dec 8, 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: \$238.22
Payment Method: credit card
Card Type: Credit
Account number: *****5411
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.



Tammy N Baptiste



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 - Maryland

Policy Number: 922252623 **NAIC Number:** 32786
Effective Date: 06/08/2018 **Expiration Date:** 12/08/2018
Insurer: Progressive Specialty Insurance Co 1-800-876-5581
PO Box 6807 Cleveland, OH 44101

Named Insured(s):
Tammy N Baptiste

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

Year	Make	Model	VIN
1999	HONDA	ACCORD	1HGCG665XXA038713

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: 922252623

Policyholder:

Tammy N Baptiste

Policy Period: Jun 8, 2018 - Dec 8, 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 that the policyholder has resided at the address for at least **ONE YEAR**.

Fax to: Progressive
1-800-229-1590

