



PROGRESSIVE CASUALTY INSURANCE COMPANY

Agent:
POTOMAC INS EXCHANGE
4500 FORBES BLVD
LANHAM, MD 20706

Agent Code: 165285
For Policy Service, Call: (240) 544-6800

Total Policy Premium: \$257.59
Policy Number: Q49517255
Plan Type: HOR
Policy Inception: 12/07/2019
Policy Expiration: 12/07/2020

Applicant:
Jeannette Hopkins
4942 EADS PL NE
WASHINGTON, DC 20019

Application Date: 12/06/2019 12:43 pm

Phone Number: (240)491-1953

Applicant Information:

Applicant
Name: Jeannette Hopkins
Date of Birth: 07/14/1963
Marital Status: Single

Co-Applicant Name:

Insured Location:
4942 EADS PL NE
WASHINGTON, DC 20019-4711

Prior Address:

Prior Insurance Carrier: Preferred Mutual
Prior Policy Number: 00000000
Prior Liability Limit: Less than \$300,000

Underwriting Information:

Number of paid or unpaid property claims, excluding Wind, Hail or Lightning, you have filed in the past 3 years: 0 Claims

Do any household members own or keep a prohibited breed of dog or a dog with previous bite history? Prohibited breeds include Pit Bulls, Bull Mastiffs, Belgian Malinois, German Shepherds, Rhodesian Ridgebacks, Akitas, Keeshonds, Doberman Pinschers, Chow Chows, Rottweilers, Great Danes, Caucasian Mountain Dogs, Staffordshire Terriers, American Bulldogs, Beaucerons, Wolf Hybrids or any mix thereof. No

<u>Coverages, Surcharges and Discounts</u>	<u>Limit</u>	<u>Premium</u>
Fixed Base Premium	\$0.00	\$50.00
Personal Property	\$30,000.00	\$93.54
Loss of Use	\$12,000.00	\$0.00
Personal Liability - Each Occurrence	\$100,000.00	\$25.00
Medical Payments to Others - Each Person	\$1,000.00	\$5.00
Marital Status	\$0.00	\$0.00
Paid in Full Discount	\$0.00	\$0.00
HomeShield-R Package	\$0.00	\$62.82
Package Policy Discount	\$0.00	(\$6.31)
Progressive Renter and Auto Benefits Package	\$500.00	\$0.00
Advance Quote Discount	\$0.00	\$0.00
Prior Liability Limit	\$0.00	\$0.00
Tier Factor Premium	\$0.00	\$37.04
Household Factor	\$0.00	\$0.50
E-Policy (Paperless)	\$0.00	(\$10.00)
E-Signature	\$0.00	\$0.00
Total Schedules	\$0.00	\$0.00
TOTAL POLICY PREMIUM:		\$257.59

Deductible:

All Other Perils Deductible: \$500

Payment Information

Insurance is paid by: Insured
 Number of Payments: 12

Special Acknowledgements

Flood Coverage Excluded

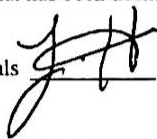
Losses resulting from flooding are not covered by this policy.

Applicant's Initials 

Animal Liability Excluded


I understand that the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from any prohibited animals I own or keep, including temporary supervision, by you or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere. This means that the company will not pay for any amounts I may become liable for resulting from alleged injury or damage caused by any prohibited animals I own or keep, including temporary supervision, by you or any insured, resident, tenant, or guest whether or not the injury or damage occurs on the "residence premises" or elsewhere.

Prohibited animals include: (1) Any prohibited breed of dog; (2) Any exotic, farm, or saddle animals; or (3) Any animal for which the owner has been notified by a state department that the animal has been deemed dangerous, vicious, or potentially dangerous under state law.

Applicant's Initials 

Rental to Others Liability Excluded

I understand the insurance policy for which I am applying excludes Liability and Medical Payments to Others coverage for losses resulting from the rental or holding for rental of any part of the insured location, regardless of the total annual compensation. This means that the company will not pay for any amounts I may become liable for resulting from the rental or holding for rental of any part of the insured location.

Applicant's Initials 

Applicant's Acknowledgement

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.

By signature on this document, I apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand the company routinely requests consumer reports on applicants. I understand the consumer reports will be used as an underwriting tool in order to establish my eligibility for insurance coverage.

I understand this application is not a binder for insurance unless indicated as such on this form by the brokering agent.

APPLICANT SIGNATURE: *Jeanette Hopkins* DATE: 1/10/20
Electronically Signed

CO-APPLICANT SIGNATURE: _____ DATE: _____

BOUND EFFECTIVE (DATE) 12-7-19 AT (TIME) _____
 "NOT BOUND"

BROKERING AGENT'S REGISTER NUMBER: 165285

Binder Log Number: _____

AGENT'S SIGNATURE: TaNoah Morgan *[Signature]* (Rates are Subject to underwriter review)
Agent's License # or SSN: 3000121137

Comments: _____

