

October 12, 2017

Travis Boaz  
805 Mason Ct  
Chesapeake, VA 23320

Dear Travis Boaz,

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 \$468.93 for the down payment on this policy. Payment was made by Insured Checking Acct (EFT).

**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](http://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: 917482372**

Policyholder:

Travis Boaz

Policy Period: Oct 12, 2017 - Apr 12, 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
- 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 October 28, 2017.**

**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: 917482372**

Policyholder:

Travis Boaz

October 12, 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 917482372

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:	Travis Boaz 805 Mason Ct Chesapeake, VA 23320 e-mail address: Travisboaz18@gmail.com Home: Work:
Financial responsibility vendor:	EQUIFAX 1-800-685-1111
Policy period:	Oct 12, 2017 - Apr 12, 2018
Effective date and time:	Oct 12, 2017 at 01:05PM ET
Total policy premium:	\$2,688.00
Initial payment required:	\$468.93
Initial payment received:	\$468.93
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
Travis Boaz	20	Male	Single

Driver status: Rated  
Education level: High school diploma or GED  
Occupation: Carpenter

**Driver filing**

Name

Travis Boaz

Filing type: SR22 Owner-Operator

State: VA

Case number:

**Outline of coverage**

**2005 SCION XA 4 DOOR HATCHBACK**

VIN: **JTKKT624550093536**

Garaging ZIP Code: 23320

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			\$1,643
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorists			99
Uninsured Motorists Bodily Injury	\$25,000 each person/\$50,000 each accident		
Uninsured Motorists Property Damage	\$20,000 each accident		
Other Than Collision	Actual Cash Value	\$1,000	71
Collision	Actual Cash Value	\$1,000	850
<b>Subtotal policy premium</b>			<b>\$2,663.00</b>
SR22 driver filing fee			25.00
<b>Total 6 month policy premium and fees</b>			<b>\$2,688.00</b>

**Premium discounts**

Policy

917482372

Paperless and Electronic Funds Transfer (EFT)

**Additional policy information**

Policy

917482372

Driver Filing

**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
Travis Boaz following too close	Feb 29, 2016	MVR/LexisNexis
Travis Boaz safety violation	Feb 29, 2016	MVR/LexisNexis

**Driving history (continued)**

Driver and Description	Date	Source/Consumer reporting agency
Travis Boaz license or credentials violation	Jan 1, 2017	APP
Travis Boaz driving with a suspended license	Mar 29, 2017	MVR/LexisNexis
Travis Boaz safety violation	Mar 30, 2017	MVR/LexisNexis
Travis Boaz driving with a suspended license	Mar 30, 2017	MVR/LexisNexis

**Underwriting information**

Prior insurance: No

**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.

**Applicant questionnaire**

Please have the applicant complete this section and initial each response.

1. Have all the household residents 15 years of age or older, all regular operators of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, been disclosed in the "Drivers and household residents" section? (If no, please explain below)

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Initial

2. Are any of your vehicles 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?

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Initial

3. Are there other vehicles in your household not listed on this application?

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Initial

If yes, please give:

Vehicle: \_\_\_\_\_ Driver: \_\_\_\_\_ Vehicle Insurer: \_\_\_\_\_

4. Are all of your vehicles registered in the state of Virginia, and garaged in the state for a minimum of 10 months each year?

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Initial

5. Are all of the residents of your household or operators of your vehicles licensed in the state of Virginia and residing in the state for a minimum of 10 months each year? If no, please explain.

\_\_\_ Yes \_\_\_ No \_\_\_\_\_ Initial

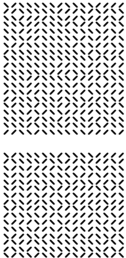
Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application agreement**

**Verification of content**

I have read, reviewed and understand my entire application. I hereby declare that the statements, representations and promises made herein are true. 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, except for rideshare use of any such vehicle for which Progressive Rideshare Insurance has been purchased. I understand that my statements, representations and promises become a part of my contract. I also understand and agree that if I have omitted or provided any information that is false, misleading, inaccurate and/or would affect the Company's decision to accept the risk, provide the limits or coverages requested, or provide the coverages at the premium charged, the Company may, in its sole discretion: reject my application; charge an increased premium for which I will be responsible; or, pursuant to VA Code 38.2-309, declare the policy or any renewal policy void from inception. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



**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 Snapshot<sup>SM</sup> 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.

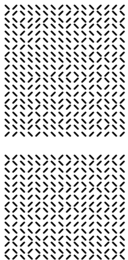
I agree to report any and all claims directly to the Company immediately after they occur.

**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.

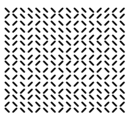
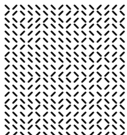
Please check only one coverage option. Split limits are shown as bodily injury each person/bodily injury each accident/property damage each accident.

- \$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: Travis Boaz

Routing Number: \*\*\*\*0549

Account Number: \*\*\*\*\*0383

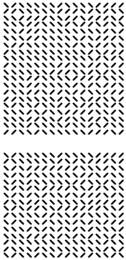
This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, electronically, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

**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: 917482372**

Policyholder:

Travis Boaz

Policy period: Oct 12, 2017 - Apr 12, 2018

Page 1 of 1

## Electronic Funds Transfer (EFT) payment schedule

<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>
Nov 12, 2017 .....	\$447.82	Jan 12, 2018 .....	\$447.82	Mar 12, 2018 .....	\$447.79
Dec 12, 2017 .....	\$447.82	Feb 12, 2018 .....	\$447.82		

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: 917482372**

Policyholder:  
Travis Boaz

## 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](http://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](http://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**<sup>®</sup>  
AUTO

**Policy Number: 917482372**

Underwritten by:  
Progressive Gulf Insurance Company  
October 12, 2017  
Policy Period: Oct 12, 2017 - Apr 12, 2018  
Online Service  
progressiveagent.com  
Customer Service  
1-800-876-5581

Travis Boaz  
805 Mason Ct  
Chesapeake, VA 23320

## **Payment Receipt** for auto insurance initial payment

### **Payment information**

#### **Receipt for your initial payment**

Amount: \$468.93  
Payment Method: Insured Checking Acct (EFT)  
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.**



**Travis Boaz**



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](http://claims.progressive.com).

**PROGRESSIVE**

**KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.**

**INSURANCE IDENTIFICATION CARD - Virginia**

**Policy Number:** 917482372      **NAIC Number:** 42412  
**Effective Date:** 10/12/2017      **Expiration Date:** 04/12/2018  
**Insurer:** Progressive Gulf Insurance Company 1-800-876-5581  
PO Box 6807 Cleveland, OH 44101

**Named Insured(s):**  
Travis Boaz

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

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>VIN</b>
2005	SCION	XA	JTKKT624550093536

Manage your policy anytime  
with just a few clicks at  
**[progressiveagent.com](http://progressiveagent.com)**