

March 12, 2020

KALISHA OCHENI
12305 VILLAGE SQUARE TER
apt no 402
ROCKVILLE, MD 20852

Dear KALISHA OCHENI,

Thank you for purchasing a Progressive policy. We appreciate your business and are confident you will be pleased with your decision. Since 1937, the Progressive Group of Insurance Companies lives up to its name by being a leader in the industry and finding new and affordable solutions for busy, cost-conscious customers who expect a quality product and good service. Together with your agent, we're here for you anytime, online and by phone.

Please see your **enclosed checklist** to complete your insurance purchase.

Soon you will receive:

- Your policy contract and Auto Insurance Coverage Summary (Declarations Page). Please take a few minutes to review these important documents and call if you have questions about your coverage.
- Your ID cards

Receipt of payment in full for the policy

This is receipt of \$583.00 which pays the policy in full through Sep 15, 2020. Payment was made by Insured Checking Acct (EFT).

Access your policy online, anytime

Don't forget that you can always log into your policy online to view, update or make changes to your policy or to access policy documents anytime. Simply visit us at progressiveagent.com and register your policy online for immediate access.

You can also download the Progressive app for easy policy access from your smartphone. Text PROGAPP to 99354 to get a download link sent to your phone.

If you have any questions, please call your agent at 1-240-544-6800.

Form FULFILLWELCLTRAGT (1/1/16)

Policy Number: 937096615

Policyholder:

KALISHA OCHENI

Policy Period: Mar 15, 2020 - Sep 15, 2020

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 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 April 3, 2020.

Return to: TANOAH MORGAN
POTOMAC INS EXCHANGE
4500 Forbes Blvd Suite 200
Lanham, MD 20706

Fax:

Form CHECKLIST MD (11/16)

Application for Insurance

Please review, sign where indicated and return



Policy Number: 937096615

Policyholder:
KALISHA OCHENI
March 12, 2020
Page 1 of 4

Policy and premium information for policy number 937096615

Insurance company:	Progressive Specialty Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	TANOAH MORGAN POTOMAC INS EXCHANGE 4500 Forbes Blvd Suite 200 Lanham, MD 20706 01JGW 1-240-544-6800
Named insured:	KALISHA OCHENI 12305 VILLAGE SQUARE TER apt no 402 ROCKVILLE, MD 20852 e-mail address: kblair9376@yahoo.com Home: Work:
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Mar 15, 2020 - Sep 15, 2020
Effective date and time:	Mar 15, 2020 at 12:01AM ET
Total policy premium:	\$583.00
Initial payment required:	\$583.00
Initial payment received:	\$583.00
Payment plan:	1 payment

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	MD	Date of birth	Sex	Marital status	Relationship
KALISHA OCHENI	MD	Sep 23, 1979	Female	Married	Insured
Driver status: Rated Education level: College degree Occupation: Chef					
PATRICK OCHENI	MD	Apr 15, 1978	Male	Married	Spouse
Driver status: Rated Education level: College degree Occupation: Other - Sales					

Total residents: 4

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

2018 MAZDA CX-5 4 DOOR WAGON

VIN: **JM3KFBBM4J0329473**

Garaging ZIP Code: 20852

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 To Others			\$273
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$50,000 each accident		
Uninsured Motorist	\$50,000 each person/\$100,000 each accident		17
Uninsured Motorist Property Damage	\$25,000 each accident	\$250	16
Personal Injury Protection	\$2,500		50
Comprehensive	Actual Cash Value	\$250	33
Collision	Actual Cash Value	\$500	162
Rental Reimbursement	up to \$50 each day/maximum 30 days		27
Roadside Assistance			5
Total 6 month policy premium, with paid in full discount			\$583.00

Premium discounts

Policy	
937096615	Three-Year Safe Driving, Paperless, Paid in Full, Multi-Policy, Continuous Insurance: Platinum and Five-Year Accident Free
Vehicle	
2018 MAZDA CX-5	Smart Technology Discount

Underwriting information

Prior insurance:	Yes
Prior insurance carrier:	GEICO
Bodily injury limits:	Equal to \$30,000/\$60,000

Lienholder information

Vehicle	Lienholder
2018 MAZDA CX-5 JM3KFBBM4J0329473	CHASE AUTO FINANCE FT WORTH, TX 76101

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, except for rideshare use of any such vehicle for which Progressive Rideshare Insurance has been purchased. 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

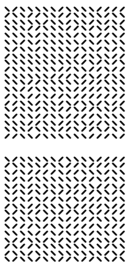
I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the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

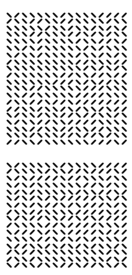
The policy you have just agreed to purchase is subject to a 45 day underwriting period beginning on the effective date of your coverage. During the underwriting period, if we discover a material risk factor that was incorrectly recorded or not disclosed by you in this application, your premium may be 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

Form 7982 MD (08/18)



Collision Coverage For Rental Cars

The Collision Coverage you have purchased provides coverage for your covered vehicle(s), non-owned vehicle(s), and passenger car(s) you rent for a period of thirty (30) days or less during the term of this policy. Therefore, if you rent a passenger car for thirty (30) days or less during the term of this policy, you will not need a collision damage waiver and you will not need to purchase additional collision coverage for the rental car.

Form 9848 MD (12/98)

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 the 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 \$50.00 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.

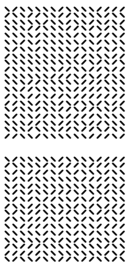
The waiver prevents individuals described in category 2 or 3 above from collecting PIP benefits under your policy. In addition, if these individuals are involved in a motor vehicle accident, the waiver prevents these individuals from collecting PIP benefits under any other policy of motor vehicle liability 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 \$16.00 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 my 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 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.

KALISHA OCHENI

First Named Insured/Applicant

Signature of First Named Insured/Applicant

Date

937096615

Policy/Binder #

Progressive Specialty Insurance Co

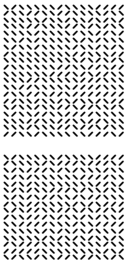
Insurer

TANOAH MORGAN

Producer Name

01JGW

Producer Code



Required Notice of Uninsured Motorist ("UM") Coverage and Enhanced Underinsured Motorist ("EUIM") Coverage and Option Selection Form

Notice Concerning the UM and EUIM Coverage Options Available in Maryland (Private Passenger Motor Vehicle Liability Policies)

Maryland law requires all private passenger motor vehicle liability policies to have **UM** or **EUIM** coverage. The limits of such coverage must equal the policy's liability coverage limit unless you elect to carry **UM** limits for less than your liability limits. The minimum required limits for both liability and **UM** or **EUIM** is \$30,000 per person/\$60,000 per accident for bodily injury and \$15,000 per accident for property damage (30/60/15) or a combined single limit of \$75,000 for bodily injury and property damage per accident.

Both **UM** and **EUIM** provide protection for you and certain other individuals under your policy arising from an accident when the at-fault vehicle is uninsured or underinsured. This form will explain the three (3) available options from which you must choose just one (1). Before making your decision, please read this form in its entirety.

OPTION 1 – Uninsured Motorists ("UM") Coverage

UM 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 **UM** coverage; or,
3. the owner or operator of the at-fault vehicle cannot be identified.

UM 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. In the event of a claim, your UM coverage limit is reduced by the amount of any available coverage from the at-fault party's insurer.

UM – 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 such vehicle is owned by you or your resident relative(s). Any other person is also covered while occupying your insured automobile.

UM – 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 such property is contained in your automobile at the time of an accident involving an uninsured motor vehicle.

Under **OPTION 1 – UM**, your coverage limit will equal the limit of your liability coverage. To select this option mark the box for **Option 1** on page three and sign your name.

OPTION 2 – Uninsured Motorists ("UM") Coverage Waived to less than my liability limits

If your policy has liability limits higher than the mandatory minimum, you may choose this option and select **UM** limits for a lesser amount but not less than the minimum required coverage amount of \$30,000 per person / \$60,000 per accident for bodily injury and \$15,000 per accident for property damage (30/60/15) or \$75,000 for bodily injury and property damage per accident. In the event of a claim, your UM coverage limit is reduced by the amount of any available coverage from the at-fault party's insurer.

In order to select this option, you must make an affirmative waiver of **UM** coverage limits equal to the liability limits of the policy by signing the waiver found under **OPTION 2** on page three of this form.

OPTION 3 – Enhanced Underinsured Motorists (“EUIM”) Coverage

EUIM coverage provides the same benefits as UM coverage but, in the event of a claim, the EUIM coverage limit is not reduced by the amount of any available coverage from the at-fault party’s insurer. To select this option mark the box for **Option 3** on page three and sign your name.

SELECT YOUR UM or EUIM COVERAGE

I confirm that I have fully read and understood this notice. By marking a box below and signing my name, I am selecting the indicated option.

I select OPTION 1- UM. My UM limits will equal my liability limits.

This is to certify that I am the first named insured and I have been offered UM coverage in amounts equal to my liability limits of , at a total premium of per month policy period. In the event of a claim, my UM coverage limit will be reduced by the amount of any available coverage from the at-fault party’s insurer.

X _____
Signature of First Named Insured Date

I select OPTION 2- UM Waived to less than my liability limits.

My UM limits will be less than my liability limits but not less than the required minimum of \$30,000 per person / \$60,000 per accident for bodily injury and \$15,000 per accident for property damage (30/60/15) or \$75,000 for bodily injury and property damage per accident. In the event of a claim, my UM coverage limit will be reduced by the amount of any available coverage from the at-fault party’s insurer.

I affirmatively waive UM limits in an amount equal to my liability limits and instead elect to purchase lower UM limits of \$50,000/\$100,000 (bodily injury) and \$25,000 (property damage), at a total premium of \$33.00 per 6 month policy period, subject to the minimum limits required by Maryland law.

X _____
Signature of First Named Insured Date

I select OPTION 3 – Enhanced Underinsured Motorists (“EUIM”) Coverage.

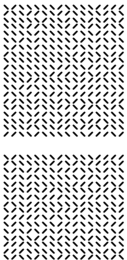
My EUIM limit will equal my liability limits. In the event of a claim, my EUIM coverage limit will not be reduced by the amount of any available coverage from the at-fault party’s insurer.

This is to certify that I am the first named insured and I have been offered EUIM coverage in amounts equal to my liability limits of , at a total premium of per month policy period.

X _____
Signature of First Named Insured Date

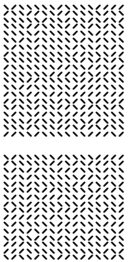
I UNDERSTAND AND AGREE THAT MY SELECTION SHALL BE CONSTRUED TO BE APPLICABLE TO THE POLICY OR BINDER OF INSURANCE DESCRIBED BELOW, ON ALL FUTURE RENEWALS OF THE POLICY AND ON ALL REPLACEMENT POLICIES UNLESS I NOTIFY THE COMPANY IN WRITING TO THE CONTRARY, WITH THE EFFECTIVE DATE OF SUCH CHANGE BEING NO EARLIER THAN THE RECEIPT DATE BY THE COMPANY OF MY WRITTEN NOTIFICATION.

IMPORTANT NOTE: If you do not make a selection of one of the three options listed above your insurer must provide you with **OPTION 1 – UM** coverage.



First Named Insured: KALISHA OCHENI
Policy Number or Binder Number: 937096615
Insurance Company: Progressive Specialty Insurance Co
Producer Name and Code: POTOMAC INS EXCHANGE 01JGW

Form 7073 MD (11/17)



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 ("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: Patrick Ocheni

Routing Number: ****1981

Account Number: *****8747

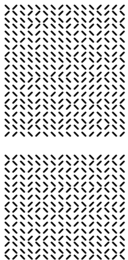
This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

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: 937096615

Policyholder:
KALISHA OCHENI

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.

MS Insurance Agency

Agent, TANOAH MORGAN
4500 Forbes Blvd Suite 200
Lanham, MD 20706

Phone: 1-240-544-6800

E-mail: TMORGAN@MSAGENCIES.COM

Website: <http://msagencies.com>

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
4500 Forbes Blvd Suite 200
Lanham, MD 20706



Policy Number: 937096615

Underwritten by:
Progressive Specialty Insurance Co
March 12, 2020
Policy Period: Mar 15, 2020 - Sep 15, 2020
Online Service
progressiveagent.com
Customer Service
1-800-876-5581

KALISHA OCHENI
12305 VILLAGE SQUARE TER
apt no 402
ROCKVILLE, MD 20852

Payment Receipt

for your auto insurance payment

Payment information
Receipt for your payment

Amount: \$583.00
Payment method: Insured Checking Acct (EFT)
Merchant ID: Progressive Specialty Insurance Co
Form RECEIPT (06/16)

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.



**KALISHA OCHENI
PATRICK OCHENI**
Platinum 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 - Maryland

Policy Number: 937096615 **NAIC Number:** 32786
Effective Date: 03/15/2020 **Expiration Date:** 09/15/2020
Insurer: Progressive Specialty Insurance Co 1-800-876-5581
PO Box 6807 Cleveland, OH 44101

Named Insured(s):

KALISHA OCHENI
PATRICK OCHENI

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