

Application for Insurance

Please review, sign where indicated and return

PROGRESSIVE
AUTO

Policy Number: 935009408

Policyholder:

Redell Spinks III

December 19, 2019

Page 1 of 4

Policy and premium information for policy number 935009408

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: Redell Spinks III
14705 Elberfeld Ct
Upper Marlboro, MD 20774
e-mail address: redellspinks@yahoo.com
Home:
Work:

Financial responsibility vendor: EXPERIAN
1-888-397-3742

Policy period: Dec 19, 2019 - Jun 19, 2020

Effective date and time: Dec 19, 2019 at 02:02PM ET

Total policy premium: \$1,226.00

Initial payment required: \$204.38

Initial payment received: \$204.38

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	MD	Date of birth	Sex	Marital status	Relationship
Redell Spinks III	MD	May 8, 1988	Male	Single	Insured

Driver status: Rated

Education level: College degree

Occupation: Composer/Director/Producer

Total residents: 3

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**2014 HONDA ACCORD 4 DOOR SEDAN**VIN: **1HGCR2F59EA240734**

Garaging ZIP Code: 20774

Primary use of the vehicle: Pleasure

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

	Limits	Deductible	Premium
Liability To Others			\$638
Bodily Injury Liability	\$30,000 each person/\$60,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist	\$30,000 each person/\$60,000 each accident		17
Uninsured Motorist Property Damage	\$25,000 each accident	\$250	39
Guest Personal Injury Protection	\$2,500	\$0	36
Comprehensive	Actual Cash Value	\$250	98
Collision	Actual Cash Value	\$500	350
Rental Reimbursement	up to \$40 each day/maximum 30 days		40
Roadside Assistance			8
Total 6 month policy premium			\$1,226.00

Premium discounts

Policy

935009408

Paperless and Electronic Funds Transfer (EFT)

Underwriting information

Prior insurance: No

Lienholder information**Vehicle**2014 HONDA ACCORD
1HGCR2F59EA240734**Lienholder**ALLY BANK
COCKEYSVILLE, MD 21030

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

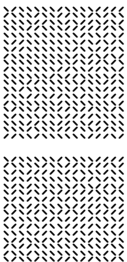
I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the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

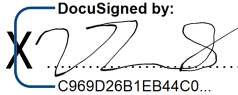
I agree to pay a late fee of \$10.00 when the payment for the minimum amount due is not received or postmarked on or before the second business day after the premium due date for any reason. The amount of this fee may change upon policy renewal.

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.

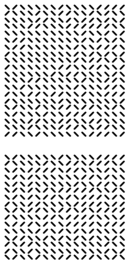
Signature of named insured

Date

DocuSigned by:


1/29/2020

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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 \$113.00 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.

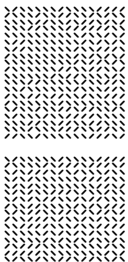
The waiver prevents individuals described in category 2 or 3 above from collecting PIP benefits under your policy. In addition, if these individuals are involved in a motor vehicle accident, the waiver prevents these individuals from collecting PIP benefits under any other policy of motor vehicle liability 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 \$36.00 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.

Redell Spinks III

First Named Insured/Applicant

DocuSigned by:



Signature of First Named Insured/Applicant

1/29/2020

Date

935009408

Policy/Binder #

Progressive Specialty Insurance Co

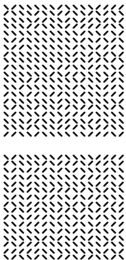
Insurer

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 \$30,000 each person/\$60,000 each accident (bodily injury) and \$25,000 each accident (property damage), at a total premium of \$56.00 per 6 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.

DocuSigned by:
 12/29/2019
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 , at a total premium of per 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.**

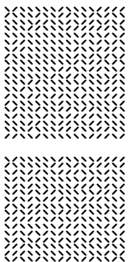
My EUIM limit will equal my liability limits. In the event of a claim, my EUIM coverage limit will not be reduced by the amount of any available coverage from the at-fault party's insurer.

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

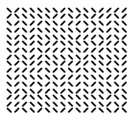
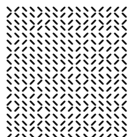
I UNDERSTAND AND AGREE THAT MY SELECTION SHALL BE CONSTRUED TO BE APPLICABLE TO THE POLICY OR BINDER OF INSURANCE DESCRIBED BELOW, ON ALL FUTURE RENEWALS OF THE POLICY AND ON ALL REPLACEMENT POLICIES UNLESS I NOTIFY THE COMPANY IN WRITING TO THE CONTRARY, WITH THE EFFECTIVE DATE OF SUCH CHANGE BEING 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: Redell Spinks III
Policy Number or Binder Number: 935009408
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: Redell Spinks


Routing Number: ****3201

Account Number: *****4257

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.

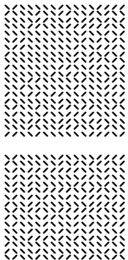
Signature (of the person authorized to sign on the Account)

Date

DocuSigned by:


12/29/2019

C969D26B1EB44C0...
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: 935009408

Policyholder:

Redell Spinks III

Policy period: Dec 19, 2019 - Jun 19, 2020

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Automatic Payments Schedule

Date of automatic payment	Amount	Date of automatic payment	Amount	Date of automatic payment	Amount
Jan 19, 2020	\$208.33	Mar 19, 2020	\$208.33	May 19, 2020.....	\$208.30
Feb 19, 2020	\$208.33	Apr 19, 2020	\$208.33		

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.

Form Z159 (06/16)

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

PROGRESSIVE[®]
AUTO

Policy Number: 935009408

Underwritten by:
Progressive Specialty Insurance Co
December 19, 2019
Policy Period: Dec 19, 2019 - Jun 19, 2020
Online Service
progressiveagent.com
Customer Service
1-800-876-5581

Redell Spinks III
14705 Elberfeld Ct
Upper Marlboro, MD 20774

Payment Receipt

for your auto insurance payment

Payment information

Receipt for your initial payment

Amount: \$204.38
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.



Redell Spinks III



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.



KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - Maryland

Policy Number: 935009408 **NAIC Number:** 32786
Effective Date: 12/19/2019 **Expiration Date:** 06/19/2020
Insurer: Progressive Specialty Insurance Co 1-800-876-5581
 PO Box 6807 Cleveland, OH 44101

Named Insured(s):
Redell Spinks III

Your Agent:
 POTOMAC INS EXCHANGE 1-240-544-6800
 4500 Forbes Blvd Suite 200
 Lanham, MD 20706

Year	Make	Model	VIN
2014	HONDA	ACCORD	1HGCR2F59EA240734

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