Application for Insurance

Please review and sign where indicated

PROGRESSIVE DIRECT Auto

Policy Number:
Policyholder:

September 11, 2025

Policy and premium information for policy numbe

Insurance company:	Progressive Universal Insurance Co
Named Insured:	ON
Financial responsibility vendor:	TRANS UNION
Policy period:	Sep 11, 2025 - Mar 11, 2026
Effective date and time:	Sep 11, 2025 at 12:46 P.M. ET
Total policy premium:	$980.00
Initial payment required:	$163.37
Initial payment received:	$163.37
Payment plan:	6 payments

Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 14 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehides, other than those who are not household members and do not operate any listed vehicle

Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

Date of birth: ',
Marital status: Single
Driver status: Rated
License type: Operator - Personal Auto
Occupation: Disabled (not employed)

Gender: Male
Relationship: Insured

Total residents: 1

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.

Policy Number:

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

2012 CHEVROLET CRUZE 4 DOOR SEDAN

VI

Garaging ZIP Code: 52501

Primary use of the vehicle: Commute

Annual miles: 4,000 - 5,999

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

	Limits	Deductible	Premium
Liability To Others			$340
Bodily Injury Liability	$20,000 each person/$40,000 each accident		
Property Damage Liability	$15,000 each accident		
Uninsured Motorist	$20,000 each person/$40,000 each accident		11
Underinsured Motorist	$20,000 each person/$40,000 each accident		13
Comprehensive	Actual Cash Value	$500	191
Collision	Actual Cash Value	$750	155
Roadside Assistance with Trip Interruption	$500 each occurrence		11
Total premium for 2012 CHEVROLET			**$721**

2008 FORD FOCUS 4 DOOR SEDAN

VI

Garaging ZIP Code: 52501

Primary use of the vehicle: Commute

Annual miles: 4,000 - 5,999

Length of vehicle ownership when policy started or vehicle added: At least 6 months but less than 1 year

	Limits	Deductible	Premium
Liability To Others			$245
Bodily Injury Liability	$20,000 each person/$40,000 each accident		
Property Damage Liability	$15,000 each accident		
Uninsured Motorist	$20,000 each person/$40,000 each accident		7
Underinsured Motorist	$20,000 each person/$40,000 each accident		7
Total premium for 2008 FORD			**$259**
Total 6 month policy premium			**$980.00**

Premium discounts

Policy	
	Continuous Insurance: Silver, Online Quote, Paperless, Multi-Car and Electronic Funds Transfer (EFT)

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)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver:

Description:	not at fault accident
Date:	Aug 17, 2025
Source/Consumer reporting agency:	CLUE/LexisNexis

The company may consider claims history of the insured in determining whether to decline, cancel, nonrenew, or surcharge this policy. Any claim made under this policy will be reported to an insurance support organization.

Underwriting information

Prior insurance:	Yes
Bodily injury limits:	Greater than $20,000/$40,000 but less than $50,000/$100,000

Previous insurance history

Please review the following information carefully because prior insurance history is used to determine your premium. We obtained this information from a third-party data provider and it might differ from your answers to our quoting questions.

Most recent insurance carrier:	PROGRESSIVE
Policy number:	

Lienholder information

Vehicle	Lienholder
2012 CHEVROLET CRUZE	Interstate Auto Group Inc

Policy Number:

Notice regarding Uninsured/Underinsured Motorist Coverage

Uninsured/Underinsured Motorist Coverage does not cover damage done to your vehicle. It provides benefits only for bodily injury caused by an uninsured or underinsured motorist. If you wish to be insured for damage done to your vehicle, you must have collision coverage. Please check your policy to make sure you have the coverage desired.

Policy Number:

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief. I declare that I have disclosed all persons required to be disdosed in the "Drivers and household residents" section of 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 rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. If the policy is not rescinded and declared void, I agree to pay any surcharges applicable under the Company rules, which are necessitated by corrections to the policy due to my inaccurate statements.

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. 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.
- I acknowledge that insurance prices may vary based on how I buy (e.g., mobile, tablet, phone, agent, etc.).
- 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 understand that I will be charged a $50.00 cancellation fee if I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. When I renew this policy, I understand that the Company will waive any cancellation fees that may apply to the renewal policy.

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.

Policy Number:

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.

Signature of named insured **Date**

X Signed by: 07C5B17E675F4FE. September 12, 2025

Form 4905 IA (08/24)