

Application for Insurance

Please review and sign where indicated

PROGRESSIVE
DIRECT Auto

Policyholder:
Gideon Akomeng

January 1, 2020

Policy and premium information

Insurance company:	Progressive Universal Insurance Co PO Box 31260 Tampa, FL 33631
Named insured:	Gideon Akomeng 1000 North Fourth St MR 157 Fairfield, IA 52557 Home: 1-641-819-8117
Effective date and time:	Your policy will be effective when your required initial payment is submitted or at a later date of your choice.
Total policy premium:	\$302.00
Initial payment required:	\$302.00
Payment plan:	1 payment

Drivers and resident relatives

You, your spouse, and all resident relatives 14 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 or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

Name	Date of birth	Sex	Marital status	Relationship
Gideon Akomeng	Sep 30, 1990	Male	Single	Insured

Driver status: Rated

Education level: Graduate work or graduate degree

Occupation: Student (full-time)

Total residents: 9 or more

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

2005 NISSAN MAXIMA 4 DOOR SEDAN

VIN: 1N4BA41E45C821718

Garaging ZIP Code: 52557

Primary use of the vehicle: Commute

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

	Limits	Deductible	Premium
Liability To Others			\$302
Bodily Injury Liability	\$20,000 each person/\$40,000 each accident		
Property Damage Liability	\$15,000 each accident		
Uninsured Motorist	Rejected		--
Underinsured Motorist	Rejected		--
Total 6 month policy premium, with paid in full discount			\$302.00

Premium discounts

Policy	Paid in Full, Online Quote, Paperless and Online Signature - First Policy Period Only
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Underwriting information

Prior insurance: No

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.

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 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.

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 if I cancel this policy or if cancellation is due to non-payment of premium, any refund due will be computed on a ninety percent (90%) of daily pro rata basis. This is a daily, accelerated method of calculating short-rate earned premium on cancellations. When I renew this policy, I understand that the Company will refund premium following a cancellation on a daily pro rata basis.

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.

Signature of named insured

Date

X **Gideon Akomeng**

January 1, 2020

DocuSigned by:

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Form 4905 IA (10/18)