

TIME RECEIVED  
July 12, 2019 at 4:21:29 PM EDT

REMOTE CSID  
800-776-4737

DURATION  
28

PAGES  
1

STATUS  
Received

07/12/19 16:21:14 800-776-4737

-> MM

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PROGRESSIVE CLAIMS  
901 N LAKE DESTINY ROAD  
SUITE 200  
MAITLAND, FL 32751

**PROGRESSIVE®**

**Underwritten By:**  
**Progressive American Insurance**  
**Company**

Claim Number: [REDACTED]  
Loss Date: April 13, 2019  
Document Date: July 12, 2019  
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MORGAN AND MORGAN  
DONNIE OWENS  
76 SW LAURA ST  
STE 1100  
JACKSONVILLE, FL 32202

**claims.progressive.com**

Track the status and details of your claim,  
e-mail your representative or report a  
new claim.

## Claim Information

RE: [REDACTED]

Dear Counselor,

Please have your office contact me to provide an update on your client's treatment status.

If the treatment is complete, please provide me with your client's supporting medical documentation, medical bills and PIP log so that we may properly evaluate your client's claim. All injury/medical related documents should be forwarded to my attention to the address listed above.

Thank you,

MANUEL MARTINEZ  
Claims Department  
1-407-949-3712  
1-800-PROGRESSIVE (1-800-776-4737)  
Fax: 1-407-618-8805

Form Z587 XX (01/08) FL