

Policy Number: 932376584

Underwritten by:

Progressive Select Insurance Co

Policyholders:

Nagavenkatasomeswarara Gonaboyina

Policy period: Aug 26, 2019 - Feb 26, 2020

August 26, 2019

1-800-776-4737

For customer service and claims service,

24 hours a day, 7 days a week.

Your Checklist

Please complete the following items by September 17, 2019

The rate we offered you is based on information you provided. We need some additional items from you to confirm some of this information. Please complete the items below to keep your rate from changing.

Provide a copy of the following documents or your premium may increase

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.

- ☐ Proof of residency verification **to avoid an increase in premium.** Acceptable proof must include one of the following:
1. Utility bills, lease agreement, property taxes, or other documentation showing the insured has resided at the address for at least ONE YEAR.
 2. Driver's license with current address and an issue date of greater than ONE YEAR.

Send the requested information by fax or mail

- ☐ Include this page when returning your items.

To send by fax, please complete the following:

Date:

To: Progressive

Fax #: 1-877-280-5587

From:

Policy #: 932376584

of pages:

To send by mail, we've included a return envelope for your convenience. If you obtained this form online or the envelope was lost, please return the requested items to this address:

Progressive

PO Box 31260

Tampa, FL 33631