

**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

# Application for Insurance

Please review and sign where indicated

**PROGRESSIVE**  
DIRECT Auto

**Policy Number: 932376584**

Policyholder:  
Nagavenkatasomeswarara Gonaboyina  
August 26, 2019

## Policy and premium information for policy number 932376584

**Insurance company:** Progressive Select Insurance Co  
PO Box 31260  
Tampa, FL 33631

Named insured: Nagavenkatasomeswarara Gonaboyina  
9619 fontainebleau blvd  
219  
Miami, FL 33172  
Home: 1-937-929-9592

Producer name and number: SHARVARI VAIDYA Number: W575171

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

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

Effective date and time: Aug 26, 2019 at 01:19 P.M.

Total policy premium: \$1,089.00

Initial payment required: \$1,089.00

Initial payment received: \$1,089.00

Payment plan: 1 payment

## Drivers and resident relatives

You, your 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. 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
Nagavenkatasomeswarara Gonaboyina	Jun 10, 1993	Male	Single	Insured

Driver status: Rated

Education level: Graduate work or graduate degree

Occupation: Engineer

## Outline of coverage

### 2007 HONDA ACCORD 4 DOOR SEDAN

VIN: 1HGCM56417A119528

Garaging ZIP Code: 33172

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: 1 yr - 3 yrs

Information regarding your vehicle history (prior damage or title issues) has impacted how we determine your premium.

This vehicle is currently enrolled in the Snapshot<sup>SM</sup> Program.

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$10,000 each person/\$20,000 each accident		\$112
Property Damage Liability	\$10,000 each accident		322
Uninsured Motorist	Rejected		--
Personal Injury Protection/Deductible applies to	\$10,000	\$1,000/person	311
Named Insured/Spouse/Dependent Resident Relatives	Work Loss Excluded		
Comprehensive	Actual Cash Value	\$500	119
Collision	Actual Cash Value	\$500	189
Roadside Assistance			36
<b>Total 6 month policy premium, with paid in full discount</b>			<b>\$1,089.00</b>

## Premium discounts

Policy	
932376584	Paid in Full, Online Quote, Paperless and Online Signature - First Policy Period Only
Vehicle	
2007 HONDA ACCORD	Snapshot Participation, Driver and Passenger-side Airbag and Anti-Lock Brakes

## Underwriting information

Prior insurance: No

## Personal Injury Protection (PIP) Notice of Cost Savings Options

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("work loss"). These elections apply to the named insured only, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. You are hereby advised not to elect the "work loss" exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident. Your Personal Injury Protection selections are shown under the "Outline of coverage" section of this application.

## Application agreement

### Verification of content

I represent that the statements contained herein are true to the best of my knowledge and belief. 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.

## Acknowledgement and agreement

- 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, have been disclosed in the "Drivers and resident relatives" section. I have described any business or commercial use of my vehicle(s) on this application.
- If I pay my initial premium by check, draft, or other remittance, the coverage afforded by this policy is conditioned on the check, draft, or other remittance being honored by the bank or other financial institution when presented for payment. Other remittances do not include credit card payment. If a 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 from inception unless the nonpayment is cured within the earlier of:
  1. five (5) days after I receive actual notice by certified mail; or
  2. fifteen (15) days after notice is sent to me by certified or registered mail.
- 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.
- Each vehicle listed in this application is garaged at the same location in the ZIP code provided in this application more than 50% of the time.
- 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 agree to pay the interest charges 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 interest charges may change upon policy renewal, any policy change, or a change in my payment plan. Any change in the amount of interest charges will be reflected on my payment schedule.

I agree to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 5 days after the premium due date. The amount of this fee may change upon policy renewal.

**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.

\_\_\_\_\_ Insured initials

**Signature of Named Insured**

**Date**

X

.....  
Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Form 4905 FL (08/18)

**Demo Document: Please do not sign**

## FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION FORM

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

### Description of coverage

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company or reject Uninsured Motorist coverage entirely. If you are interested in selecting Uninsured Motorist coverage for a limit less than your Bodily Injury Liability limits, or are rejecting this coverage entirely, you must complete and sign the appropriate option below.

If you decide to purchase any Uninsured Motorist coverage you can select either "Stacked Uninsured Motorist," or "Non-stacked Uninsured Motorist." The cost of Non-stacked Uninsured Motorist coverage is lower than the cost of Stacked Uninsured Motorist coverage.

If you select "Stacked Uninsured Motorist" and you or a family member who resides with you are injured by an uninsured motorist, your policy limits for each motor vehicle listed on the policy may be added together to determine the total amount that may be recovered (stacked) for all covered injuries. Thus, the limits available to you would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you select "Non-stacked Uninsured Motorist" and you or a family member who resides with you are injured by an uninsured motorist, the injured person may not add or combine the coverage provided as to two or more motor vehicles together to determine the limits of uninsured motorist insurance coverage available, except as described in subsection one below. The injured person is limited to the coverage available as to that motor vehicle he/she was occupying if injured in an accident while occupying a vehicle listed on the policy. "Non-stacked Uninsured Motorist" is also subject to the following limitations:

1. If the injured person is occupying a motor vehicle not owned by the injured person or a family member who resides with him/her, the injured person may elect the coverage on the motor vehicle occupied and the highest limits of coverage afforded for any one vehicle insured by the injured person or any family member who resides with him/her. Such coverage shall be excess over Uninsured Motorist coverage on the vehicle the injured person is occupying.
2. If the named insured or family member who resides with him/her is occupying a motor vehicle or motorcycle owned by the named insured or a family member who resides with him/her, there is no coverage if Uninsured Motorist coverage was not purchased on this policy for that motor vehicle or motorcycle.
3. If, at the time of the accident the injured person is not occupying a motor vehicle, he or she is entitled to select any one limit of Uninsured Motorist coverage for any one vehicle afforded by a policy under which he/she is insured.

Uninsured Motorist coverage will not apply under this policy if an insured person: (1) elects to recover Uninsured Motorist benefits under another policy when injured as a pedestrian or while not occupying a motor vehicle; or (2) elects to recover excess Uninsured Motorist benefits under a policy other than this policy in addition to the Uninsured Motorist coverage on the motor vehicle he/she is occupying when injured while occupying a motor vehicle that is not owned by any person insured under this policy.

Your policy will be issued with "Stacked Uninsured Motorist" unless you select the "Non-stacked Uninsured Motorist" option below.

### Selection/Rejection of coverage

If you do not want "Stacked Uninsured Motorist" coverage equal to your Bodily Injury liability limits, you must select one of the options below. You may select Uninsured Motorist coverage limits up to the Bodily Injury liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select "Stacked Uninsured Motorist" or "Non-stacked Uninsured Motorist."

Please select **one** coverage option below and a limit if listed under that option:

☐ I want Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.  
(Note: If you select this option the first paragraph of this form shall not apply.)

☐ I want Non-stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.

☐ I want Stacked Uninsured Motorist coverage at the limit selected below.

☐ \$10,000/\$20,000

☐ \$25,000/\$50,000

☐ \$50,000/\$100,000

☐ \$100,000/\$300,000

☐ \$250,000/\$500,000

☐ \$100,000 Combined Single Limit

☐ \$300,000 Combined Single Limit

☐ I want Non-stacked Uninsured Motorist coverage at the limit selected below.

☐ \$10,000/\$20,000

☐ \$25,000/\$50,000

☐ \$50,000/\$100,000

☐ \$100,000/\$300,000

☐ \$250,000/\$500,000

☐ \$100,000 Combined Single Limit

☐ \$300,000 Combined Single Limit

☒ I reject all Uninsured Motorist coverage.

I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the change will not become effective until the Company receives your selection on this form and it has been completed and signed.

**Signature of named insured**

**Date**

X