

December 14, 2016

ABHISHEK DAS
7131 ARBOR DRIVE
SHREWSBURY, MA 01545

Dear ABHISHEK DAS,

Thank you for giving us the opportunity to quote your auto insurance coverage. Since 1937, the Progressive Group of Insurance Companies lives up to its name by being a leader in the industry and finding new and affordable solutions for busy, cost-conscious customers who expect a quality product and good service. Together with your agent, we're here for you anytime, online and by phone.

Please see your **enclosed checklist** to complete your insurance purchase.

Soon you will receive:

- Your policy contract and Auto Insurance Coverage Summary (Coverage Selections Page). Please take a few minutes to review these important documents and call if you have questions about your coverage.

Required down payment for the policy

Based on the payment options discussed, a minimum down payment is required. Coverage does not begin until your minimum down payment, signed application and signed policy documents have been returned. To save money, ask about our Paid In Full Discount. Or, save time and money by using Electronic Funds Transfer to make your payments.

Access your policy online, anytime

Don't forget that you can always log into your policy online to view, update or make changes to your policy or to access policy documents anytime. Simply visit us at progressiveagent.com and register your policy online for immediate access. You can also download the Progressive app for easy policy access from your smartphone. Text PROGAPP to 69979 to get a download link sent to your phone.

If you have any questions, please call your agent at 1-800-898-9454.

Form FULFILLWELCLTRAGT (09/16)

Provide the following information

Please review the items listed below and **return the requested information to my office** as soon as possible. Your quoted insurance premium is based on the information you provided on the application. If we do not receive the items requested, your quoted insurance premium may change. Coverage does not begin until the application and applicable policy documents have been signed and received in my office, and the minimum down payment has been submitted.

Sign and return

☐ Your application

Please Note: If no items display below, please disregard this form.

Provide a copy of

☐ Proof of your garaging address to avoid a possible premium increase. Acceptable proof includes a current home owner or renter declarations page, or signed lease agreement. Items no more than 60 days old including residence address consist of: pay stub, W2, bank statement, home inspection, USPS confirmation, loan paperwork, moving company statement, mortgage coupon, property tax bill, tuition bill with room and board, corporate housing statement, letterhead from hotel or halfway house where insured resides, confirmation letter from utility company, or utility bill showing service address or residence.

Return to: ELEMENTS INS
745 Atlantic Ave. 3rd Floor
Boston, MA 02111

Fax:

Form CHECKLIST MA (03/02)

Application for Massachusetts Motor Vehicle Insurance

Please review, sign where
indicated and return

Policyholder:
ABHISHEK DAS

December 14, 2016

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COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1, 2, 3, 4), it must also offer the following Optional Coverages: Optional Bodily Injury To Others, Bodily Injury Caused By An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. Roadside Assistance Coverage is available at the option of the Company.

Policy and premium information

Insurance company:	Progressive Casualty Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	ELEMENTS INS 745 Atlantic Ave. 3rd Floor Boston, MA 02111 66700 1-800-898-9454
Named insured:	ABHISHEK DAS 7131 ARBOR DRIVE SHREWSBURY, MA 01545 e-mail address: abhishek.prabirdas@gmail.com Home: 1-585-771-7952 Work:

Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.

Total policy premium:	\$687.00
Initial payment required:	\$114.53
Initial payment received:	\$0.00
Payment plan:	6 payments

Drivers and household residents

Furnish information for the applicant and each individual who customarily operates the auto(s) whether or not a household member. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences. Your total policy premium can be affected by all persons of driving age. While designating drivers as excluded may increase policy premium, the violation and accident history of excluded drivers does not affect premium.

Name	Date of birth	
ABHISHEK DAS	Dec 3, 1988	
License status	Years licensed	Operator status
Valid	11	Rated

Household residents

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.

NOTICE: If you or someone else on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under our rates.

License information

Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicle's website at www.massrmv.com.

Outline of coverage

Auto 1

2015 TOYOTA COROLLA 4 DOOR SEDAN

VIN: **2T1BURHEXFC324296**

Principal garaging address: 01545

Primary use of the vehicle: Pleasure

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$138
Personal Injury Protection (Part 2)	\$8,000 each person	\$0	32
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$50,000 each person/\$100,000 each accident		6
Damage to Someone Else's Property (Part 4) (Compulsory Limit \$5,000)	\$100,000 each accident		141

Optional insurance

	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$50,000 each person/\$100,000 each accident		19
Medical Payments (Part 6)	\$5,000 each person		16
Collision (Part 7)	Actual Cash Value	\$500	247
Comprehensive (Part 9)	Actual Cash Value	\$500	47
Comprehensive Window Glass		\$100 glass	
Substitute Transportation (Part 10)	\$30 a day for a maximum of 30 days		32
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$50,000 each person/\$100,000 each accident		7
Roadside Assistance			2
Total 6 month policy premium			\$687.00

Vehicle information

Auto 1

2015 TOYOTA COROLLA 4 DOOR SEDAN

VIN: **2T1BURHEXFC324296**

Principal garaging address: 01545

Primary use of the vehicle: Pleasure

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
3RW665	12000	No

Premium discounts

Policy

Five-Year Accident Free, Three-Year Safe Driving, Continuous Insurance: Gold,
Paperless, Residence Insurance and Electronic Funds Transfer (EFT)

Driving history

Progressive uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Risk tier information

Prior insurance: Yes

Prior insurance carrier: LIBERTY MUTUAL

Bodily injury limits: Greater than or equal to \$50,000/\$100,000, but less than \$100,000/\$300,000 or \$100,000 CSL

Comprehensive claims: 0

Not-at-fault accidents: 0

Residence insurance carrier: Liberty Mutual

rr 012016, c A, rp 3, bp M0

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 as a public or livery conveyance. I understand that some coverages under 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 and claims histories. The Company may also use a credit report to verify the information I provide. 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.
- This insurance and personalized service is available at this price exclusively through a Progressive independent agent. Progressive affiliated companies selling insurance directly have different prices and products.

Other charges

I understand that I will be charged a \$50.00 fee if, during the initial policy period, 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 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.

I understand that a returned payment fee of \$25.00 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 \$25.00 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.

I understand that a filing fee of \$25.00 will be charged to the policy if any driver on the policy has an SR22 filing issued by the Company.

I understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium shown above is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

Signature of named insured

Date
12/14/2016

X

Electronically Signed

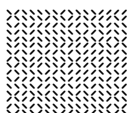
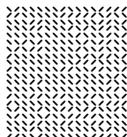
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AssureSign®

Abhishek Das

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Form 7982 MA (08/15)



Electronic Funds Transfer Authorization

I authorize Progressive Casualty Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this account. I understand that this includes my permission to credit this account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.

Bank Information

Name on the Account: ABHISHEK DAS

Routing Number: *****0322

Account Number: *****6052

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, electronically, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Electronically Signed
Signature (of the person authorized to sign on the account)

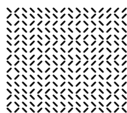
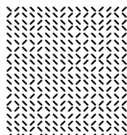
Abhishek Das

Date
12/14/2016

X

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to make sure you have the correct setup for withdrawals.

Form 6252 (07/08)



Policyholder:

ABHISHEK DAS

Policy period: Dec 14, 2016 - Jun 14, 2017

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Electronic Funds Transfer (EFT) payment schedule

Date of withdrawal	Amount	Date of withdrawal	Amount
Jan 14, 2017	\$115.50	May 14, 2017	\$115.47
Feb 14, 2017	\$115.50		
Mar 14, 2017	\$115.50		
Apr 14, 2017	\$115.50		

An installment fee of \$1.00 has been included in each payment. You may avoid paying installment fees by paying your policy premium in full.

The withdrawal dates and amounts may change subject to policy purchase date.

Form Z159 (03/05)