

Policy Number: 972216617

Underwritten by: Progressive Direct Insurance Co Policyholders: Mohamed N Hafez Policy period: Aug 10, 2023 - Feb 10, 2024 August 10, 2023

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 1, 2023

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

Proof that you carried auto insurance for the time period below. This is required to avoid an increase in premiur Documentation provided should show all of the following: 1. You or your spouse, if applicable, were listed as a covered driver on the policy. 2. Bodily Injury liability coverage for the period of Feb 10, 2023 to Aug 10, 2023. 3. The actual limits of Bodily Injury liability coverage. To provide this information, you may send a copy of one or more of the following documents: a Declarations Page, Certificate of Liability Insurance, Insurance Identification (ID) card, recent bill, renewal notice, cancellation notice, nonrenewal notice or a letter from your prior insurance company with the requested information.	
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Send the requested information by fax or mail Include this page when returning your items.	
To send by fax, please complete the following:	
Date: From:	
To: Progressive Policy #: 972216617	
Fax #: 1-877-280-5587 # of pages:	

To send by mail, we've included a return envelope for your convenience. Please do not change the address or write on the return envelope. If you obtained this form online or the envelope was lost, please return the requested items to this

Progressive PO Box 31260 Tampa, FL 33631

address: