

HOWARD B WEISBERG
HBW INS GRP INC
2 E ROLLING CROSSROAD
CATONSVILLE, MD 21228



October 22, 2021

VICTORIA DAHLSTRAND
4427 E MATATE LN
SAN TAN VALLEY, AZ 85140

Dear VICTORIA DAHLSTRAND,

Thank you for purchasing a Progressive policy. We appreciate your business and are confident you will be pleased with your decision. 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 (Declarations Page). Please take a few minutes to review these important documents and call if you have questions about your coverage.
- Your ID cards

Receipt of initial payment for the policy

This is receipt of \$242.39 for the initial payment on this policy. Payment was made by Insured Checking Acct (EFT).

Access your policy online, anytime

Don't forget that you can always log in to your policy online to make changes, pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at progressiveagent.com.

You can also download the Progressive app for easy policy access from your smartphone. Text PROGAPP to 99354 to get a download link sent to your phone.

If you have any questions, please call your agent at 1-410-744-4313.

Form FULFILLWELCLTRAGT (11/16)

Policy Number: 953197847

Policyholder:

VICTORIA DAHLSTRAND

Policy Period: Oct 25, 2021 - Apr 25, 2022

Page 1 of 2

This information will complete your purchase of insurance.

Please review the items listed below and **return the requested information to my office** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Review the following

You have chosen to receive your **bills** and **policy documents** via e-mail.

- To **complete the Paperless enrollment process**, be sure to click on the confirmation link sent to your e-mail address. To continue receiving the Paperless discount, you must successfully complete the enrollment process.
- You will see a confirmation page once you have successfully enrolled.

Until you verify this option, you will receive your **bills** and **policy documents** via United States Postal Service (USPS). All Paperless options remain for the life of the policy unless you indicate via progressiveagent.com that paper bills and policy documents should be sent via USPS.

If you have any other policies with Progressive and want the Paperless option to apply to all policies, you must also select the Paperless option under the other policy numbers.

Sign and return

- ☐ Your application
- ☐ Electronic Funds Transfer Authorization

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.

A copy of the documents listed below must be received by November 13, 2021.

- ☐ Your AAA membership card to continue to receive the AAA membership discount. Membership must be in the name of the named insured or named insured's spouse. Proof can be a copy of your membership card or screen print from the AAA membership records system.

Return to: HOWARD B WEISBERG
HBW INS GRP INC
2 E ROLLING CROSSROAD
CATONSVILLE, MD 21228
Fax: 1-443-830-0444

Form CHECKLIST AZ (11/16)

Application for Insurance

Please review, sign where
indicated and return

PROGRESSIVE
AUTO

Policy Number: 953197847

Policyholder:
VICTORIA DAHLSTRAND

October 22, 2021

Page 1 of 5

Policy and premium information for policy number 953197847

Insurance company: Progressive Preferred Insurance Co
PO Box 6807
Cleveland, OH 44101

Agent: HOWARD B WEISBERG
HBW INS GRP INC
2 E ROLLING CROSSROAD
CATONSVILLE, MD 21228
65222
1-410-744-4313

Named Insured: VICTORIA DAHLSTRAND
4427 E MATATE LN
SAN TAN VALLEY, AZ 85140
Membership number: 1243628314

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

Policy period: Oct 25, 2021 - Apr 25, 2022

Effective date and time: Oct 25, 2021 at 12:01AM ET

Total policy premium: \$1,449.00

Initial payment required: \$242.39

Initial payment received: \$242.39

Payment plan: 6 payments

Drivers and household residents

The following are listed below:

- You and your spouse
- All household residents 15 years of age or older
- All regular drivers of the vehicles listed in this application
- All children who live away from home who drive these vehicles, even occasionally
- All persons who are titled owners of the listed vehicles, other than those who are not household members and do not operate any listed vehicle

Your total policy premium can be affected by all persons of driving age. 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.

VICTORIA DAHLSTRAND

Date of birth: Feb 13, 1970

Gender: Female

Marital status: Single

Relationship: Insured

Driver status: Rated

License type: Operator - Personal Auto

Education level: College degree

Occupation: Account Executive

JACOB KELLY

Date of birth: Aug 25, 1995

Gender: Male

Marital status: Single

Relationship: Child

Driver status: Rated

License type: Operator - Personal Auto

Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

2014 RAM RAM 2500 CREW PICKUPVIN: **3C6UR5CLXEG194041**

Garaging ZIP Code: 85140

Primary use of the vehicle: Pleasure/Personal

Annual miles: 6,000 - 7,999

Length of vehicle ownership when policy started or vehicle added: 5 years or more

	Limits	Deductible	Premium
Liability To Others			\$346
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$250,000 each person/\$500,000 each accident		40
Underinsured Motorist	\$250,000 each person/\$500,000 each accident		74
Medical Payments	\$1,000 each person		7
Comprehensive	Actual Cash Value	\$500	122
Full Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$500	129
Rental Reimbursement	up to \$40 each day/maximum 30 days		11
Total premium for 2014 RAM			\$729

2017 FORD EDGE 4 DOOR WAGONVIN: **2FMPK3J95HBB79875**

Garaging ZIP Code: 85140

Primary use of the vehicle: Commute

Annual miles: 10,000 - 11,999

Length of vehicle ownership when policy started or vehicle added: At least 3 years but less than 5 years

	Limits	Deductible	Premium
Liability To Others			\$272
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist	\$250,000 each person/\$500,000 each accident		68
Underinsured Motorist	\$250,000 each person/\$500,000 each accident		125
Medical Payments	\$1,000 each person		11
Comprehensive	Actual Cash Value	\$500	96
Full Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$500	134
Rental Reimbursement	up to \$40 each day/maximum 30 days		13
Total premium for 2017 FORD			\$719

Subtotal policy premium**\$1,448.00**

Automobile Theft Authority Fee

1.00

Total 6 month policy premium and fees**\$1,449.00**

Premium discounts

Policy

953197847

Three-Year Safe Driving, Continuous Insurance: Platinum, Paperless, Mobile
Home Owner, Multi-Car, Electronic Funds Transfer (EFT), Association
Membership and Five-Year Accident Free

Driving history

Please review the following information carefully because driving history is used to determine your premium. If an accident is considered at-fault based on information we receive from third-party vendors, we will consider it to be at-fault unless we receive additional information from you or another source that proves otherwise. We obtain driving and claims history from one or more of the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description

Date

Source/Consumer reporting agency

VICTORIA DAHLSTRAND

comprehensive coverage claim < or = \$1,000

Jan 11, 2020

CLUE/LexisNexis

Underwriting information

Prior insurance: Yes

Prior insurance carrier: TRAVELERS

Bodily injury limits: Greater than or = \$100,000/\$300,000 or \$100,000 CSL, but less than \$250,000/\$500,000 or \$300,000 CSL

Lienholder information**Vehicle****Lienholder**

2014 RAM RAM 2500
3C6UR5CLXEG194041

CANVAS CREDIT UNION
ENGLEWOOD, CO 80155

2017 FORD EDGE
2FMPK3J95HBB79875

ALASKA FEDERAL CREDIT UNION
ANCHORAGE, AK 99519

rr 032021, c A, rp 2, bp M

This application has been electronically transmitted.

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 I have disclosed all persons required to be disclosed in the "Drivers and household residents" section of 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 canceled and coverage may be denied for an accident or loss if this application contains any false or fraudulent representations that are material to the risk insured hereunder and that, if the true facts were known to the Company, it would have refused to issue the policy or required the policy to be issued with limitations. The Company will provide liability coverage to the extent required by the financial responsibility laws of the state of Arizona for an accident occurring before any policy is canceled.

Notice of information practices

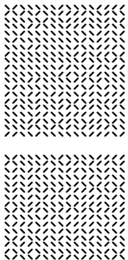
I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the 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.

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 canceled.
- 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 canceled. 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 this Progressive independent agent. Other Progressive independent agents and affiliated companies selling insurance directly may have different prices or products. The Snapshot® Program is not available from all agents.
- 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 understand that I will be charged a \$50.00 cancellation fee if 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 cancellation 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 \$20.00 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 \$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 7 days after the premium due date. The amount of this fee may change upon policy renewal.

I understand that I may purchase Full Comprehensive Window Glass coverage, which will pay, without a deductible, for loss to window glass, as well as the glass, plastic, or other materials used in the lights of a motor vehicle for which I have purchased this coverage.

Liability coverage limits

If the named insured or any resident relative sustains a bodily injury in an accident, liability coverage under this policy for that bodily injury is limited to \$25,000 each person and \$50,000 each accident, which is the minimum amount of coverage required by the Arizona Financial Responsibility Act.

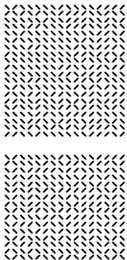
I have read and understand this coverage limitation as described.

Signature of named insured

Date

X

Form 7982 AZ (12/20)



Agent compensation disclosure

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive Preferred Insurance Co and other insurance companies to solicit business on their behalf. Progressive Preferred Insurance Co believes that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

Progressive Preferred Insurance Co will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (04/05)

Electronic Funds Transfer Authorization

I authorize Progressive Preferred Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account ("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: VICTORIA DAHLSTRAND

Routing Number: *****7238

Account Number: *****5905

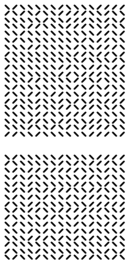
This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Signature (of the person authorized to sign on the Account)

Date

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.



Policy Number: 953197847

Policyholder:

VICTORIA DAHLSTRAND

Policy period: Oct 25, 2021 - Apr 25, 2022

Page 1 of 1

Automatic Payments Schedule

Date of automatic payment	Amount	Date of automatic payment	Amount	Date of automatic payment	Amount
Nov 25, 2021	\$242.33	Jan 25, 2022	\$242.33	Mar 25, 2022	\$242.29
Dec 25, 2021	\$242.33	Feb 25, 2022	\$242.33		

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.

Policy Number: 953197847

Policyholder:
VICTORIA DAHLSTRAND

As a Progressive customer, you'll get great service around the clock.

Thank you for your business! As your agent, I'm pleased to give you the convenience of a Progressive policy. Whether it's 9 a.m. or midnight, a weekend or holiday - you'll always have options to service your policy. Here's how:

Call us first

We offer personalized service and counsel that's tailored to your needs. Whether you need advice on coverage changes, need to add or change vehicles or drivers, get proof of insurance, discuss other insurance needs or even make a payment, call us first.

HBW Insurance Group

Agent, HOWARD B WEISBERG
2 E ROLLING CROSSROAD
CATONSVILLE, MD 21228

Phone: 1-410-744-4313

Fax: 1-443-830-0444

E-mail: howard@hbwins.com

Website: <http://www.hbwins.com>

Our office hours*:

Monday	9:00 a.m. to 6:00 p.m.
Tuesday	9:00 a.m. to 6:00 p.m.
Wednesday	9:00 a.m. to 6:00 p.m.
Thursday	9:00 a.m. to 6:00 p.m.
Friday	9:00 a.m. to 6:00 p.m.

*Hours may vary.

Access your policy online, anytime

Don't forget that you can always log in to your policy online to make changes, pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at progressiveagent.com.

Paperless Enrollment

Thank you for choosing Paperless. To keep your Paperless Discount and start receiving your policy documents and other messages by e-mail, please remember to complete your enrollment at progressiveagent.com. It's fast and secure.

Customer Service

You can call Progressive's toll-free, Customer Service number, 1-800-876-5581, to make or confirm payments over the phone, order ID cards and Declarations pages, and more.

Superior Claims Service

With a Progressive policy, you have the option of using a repair facility in Progressive's network of repair shops if you're ever in an accident. **To report a claim, call 1-800-274-4499 and press menu option one** and a claims rep will discuss this option with you. All you have to do is schedule an appointment to drop your vehicle off at the network repair shop and we'll handle the rest. We keep you informed about your claim and the status of your repairs. And, repairs are backed by our Limited Lifetime Guarantee for as long as you own or lease your vehicle.

HOWARD B WEISBERG
HBW INS GRP INC
2 E ROLLING CROSSROAD
CATONSVILLE, MD 21228



Policy Number: 953197847

Underwritten by:
Progressive Preferred Insurance Co
October 22, 2021
Policy Period: Oct 25, 2021 - Apr 25, 2022
Online Service
progressiveagent.com
Customer Service
1-800-876-5581

VICTORIA DAHLSTRAND
4427 E MATATE LN
SAN TAN VALLEY, AZ 85140

Payment Receipt

for your auto insurance payment

Payment information

Receipt for your initial payment

Amount: \$242.39
Payment method: Insured Checking Acct (EFT)
Merchant ID: Progressive Preferred Insurance Co
Form RECEIPT (06/16)

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



VICTORIA DAHLSTRAND

Platinum Level



Form A022 AZ (10/20)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - Arizona

Policy Number: 953197847

ADOT Code: 0958

Effective Date: 10/25/2021

Expiration Date: 04/25/2022

Insurer: Progressive Preferred Insurance Co 1-800-876-5581
PO Box 6807 Cleveland, OH 44101

Named Insured(s):
VICTORIA DAHLSTRAND

Your Agent:
HBW INS GRP INC 1-410-744-4313
2 E ROLLING CROSSROAD
CATONSVILLE, MD 21228

Year Make
2014 RAM
2017 FORD

Model
RAM 2500
EDGE

VIN
3C6UR5CLXEG194041
2FMPK3J95HBB79875

Every person is required to possess evidence of financial responsibility within the motor vehicle. This card is satisfactory evidence of mandatory financial responsibility for purposes of verifying financial responsibility on your motor vehicle upon request from the Department of Transportation.

PROGRESSIVE

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

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