

NANCY ALVES
225 CLEVELAND AVE
LONG BRANCH, NJ 07740

Underwritten by:
Drive New Jersey Insurance Company
November 10, 2016
Policy Period: Nov 10, 2016 - Nov 10, 2017
Page 1 of 2

Dear NANCY ALVES,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at progressivecommercial.com.

Welcome NANCY ALVES!

Thank you for choosing Progressive for your commercial insurance needs. We're excited that you've joined us, and we look forward to providing the superior service our customers have come to expect from us.

What we have for you

Enclosed is Your Checklist, indicating records we'll need from you in order to complete your purchase. The rate we're offering you is based on information you provided, and we need certain items to document your eligibility for the premium we quoted.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

Within 2 weeks you will receive:

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
 - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

What to do next

- Send in the information needed to complete your insurance purchase
- Go to progressivecommercial.com and log in to our online service site
- Watch for your new policy information (coming soon)

What we want you to know

You're important to us, and we're here for you and your business 24 hours a day, seven days a week—whether you need to update your policy, report or check the status of a claim, or simply ask us a question. So please call us anytime at 1-800-895-2886 or visit us at progressivecommercial.com.

Again, thank you for putting your trust in us for your commercial insurance needs.

Sincerely,



John Barbagallo
President, Commercial Lines
Progressive

Receipt of initial payment for the policy

This is receipt of \$732.25 for the initial payment on this policy. Payment was made by Credit Card.

If you have any questions, please call Progressive at 1-800-876-7206.

Form WELLTR (05/06)

Policy number: 03981307-0

Policyholder: NANCY ALVES

November 10, 2016

Policy period: Nov 10, 2016 - Nov 10, 2017

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This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to Progressive** 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.

Your Checklist

Thank you for taking a moment to review the following information. By returning the items requested below, we can finalize your insurance purchase.

Please know that your insurance premium is based on this information. Without documentation to confirm your eligibility for certain rates, your premium may change. We appreciate your taking the time to complete these requests, and we thank you for your business!

Sign and return

- ☐ Your application
- ☐ Please provide a copy of the Coverage Selection Form to the insured. This form must be completed and returned to Progressive within 60 days of the policy inception. Failure to return this form may result in claims handling delays and or changes in coverage selection.

Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

- ☐ For Proof of Current Insurance please submit:
 - Auto Liability Limits
 - Named Insured
 - Inception and Expiration Dates
 - Prior Policy Number
- ☐ For the Package discount, please submit a copy of an in-force Declarations Page in the customer's name showing either General Liability Insurance or a Business Owner's Policy.
- ☐ For the Business Experience discount, please provide one of the following documents as proof. The document must contain the business name provided in the policy.
 - 3 year Loss Runs
 - 3 year-old tax document (Schedule C, Forms 1099, 1120, or 1065)
 - State or County filing that shows the date when the business started or articles of incorporation

Return to: Progressive
P.O. Box 94739
Cleveland, OH 44101
Fax: 1-800-556-0014
Email: progressivecommercial@email.progressive.com

Form CHKLST NJ (05/08)

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE
COMMERCIAL

Policy number: 03981307-0

Named Insured: NANCY ALVES

November 10, 2016

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Policy and premium information for policy number 03981307-0

Insurance company:	Drive New Jersey Insurance Company P.O. BOX 94739 Cleveland, OH 44101
Named Insured:	NANCY ALVES 225 CLEVELAND AVE LONG BRANCH, NJ 07740 e-mail address: NANCYALVES@LIVE.COM Phone Number: 1-732-492-3034
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	Nov 10, 2016 - Nov 10, 2017
Effective date and time:	Nov 10, 2016 at 04:33PM ET
Total policy premium:	\$2,929.00
Initial payment required:	\$732.25
Initial payment received:	\$732.25
Payment plan:	10 Payments

Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
NANCY ALVES	11/25/1979	36	Married	*****1792	NJ	0		No	
EDUARDO DE OLIVEIRA C	03/22/1977	39	Single	*****9232	MD	3		No	

Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from 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
EDUARDO DE OLIVEIRA C		
Other Minor Moving Violation	03/13/2014	MVR/LexisNexis
EDUARDO DE OLIVEIRA C		
Speeding	04/29/2015	MVR/LexisNexis
EDUARDO DE OLIVEIRA C		
Speeding	07/03/2015	MVR/LexisNexis

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$2,628
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured/Underinsured Motorist Bodily Injury	\$50,000 each person/\$100,000 each accident		232
Uninsured/Underinsured Motorist Property Damage	\$25,000 each accident	\$500	52

Subtotal policy premium	\$2,912
NJ Property Liability Ins Guaranty Assoc Surcharge	17
Total 12 month policy premium and fees	\$2,929

Auto coverage schedule

1. 2006 FORD ECONO/CLUB WGN

VIN: 1FBSS31L46DA81121 Garaging Zip Code: 07740 Territory: 30 Radius: 100 miles

Personal use: N Body type: Cargo Van Use class: S

Liability Premium	Liability	UM/UIM BI	UM/UIM PD	Auto Total
	\$2628	\$232	\$52	\$2,912

Vehicle questions

1. Is this vehicle used for business, personal or both? Business Only

2. What is the average number of jobsites, trips, deliveries or errands per day? 2

Financial responsibility information

Name	Home address	Age	Date of birth
NANCY ALVES	225 CLEVELAND AVE LONG BRANCH, NJ 07740-0000	36	11/25/1979

Business information

Business type	Sub business type	Other
Construction-Special Trade Contractors	Flooring	

Applicant	Employer ID number
Individual/Sole Proprietor	

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

1. Year the current business was established: 2005

Failure to provide proof of the year the current business was established may result in change in premium.

2. Does the insured currently have General Liability Insurance or a Business Owners Policy? General Liability Insurance

Failure to provide (fax) proof of current General Liability or Business Owners Policy Insurance may result in change in premium.

Premium discounts

Policy	
03981307-0	Business Experience and Package

Prior insurance questions

Prior insurance: Yes

Policy number: 904687382

Effective dates of coverage: Jul 10, 2016 to Jan 10, 2017

Has applicant had continuous coverage for at least one year? Yes

Bodily injury limits: 50/100

Underwriting questions

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 0

Are any state or federal filings required? No

Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase. The insured understands 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.

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice of information practices

The insured understands that to calculate an accurate price for their 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 the renewal premium or service the insurance. The insured may access information about them 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. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

The insured affirms that

If the initial payment is made 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 the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands 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. The insured also understands that if a credit card transaction is authorized 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 the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.

Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the fees incurred may change upon policy renewal or if they change their payment plan. These fees will not be applied or refunded to outstanding balances that are prepaid. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a returned payment fee of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

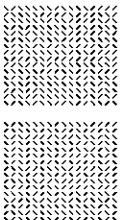
The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

**Signature of first named insured or
Authorized signatory of the named insured entity**

Date

X

Form Z421 NJ (01/16)



Important Notice

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Standard Policy Coverage Selection FormName NANCY ALVES

This Coverage Selection Form is for a STANDARD POLICY, see Buyer's Guide, page 4.

Bodily Injury Liability and Property Damage Liability - Buyer's Guide, page 5

Choose the Bodily Injury Liability and Property Damage Limits that you want:

- ☐ \$15,000 each person/\$30,000 each accident/\$5,000 each accident
- ☐ \$25,000 each person/\$50,000 each accident/\$10,000 each accident
- ☐ \$25,000 each person/\$100,000 each accident/\$10,000 each accident
- ☐ \$50,000 each person/\$100,000 each accident/\$25,000 each accident
- ☐ \$100,000 each person/\$300,000 each accident/\$50,000 each accident
- ☐ \$250,000 each person/\$500,000 each accident/\$100,000 each accident
- ☐ *\$35,000 combined single limit
- ☐ *\$100,000 combined single limit
- ☐ *\$300,000 combined single limit
- ☐ *\$500,000 combined single limit
- ☐ *\$750,000 combined single limit
- ☐ *\$1,000,000 combined single limit
- ☐ *\$1,500,000 combined single limit
- ☐ *\$2,000,000 combined single limit
- ☐ I do not wish to purchase this coverage.

*A combined single limit represents the maximum amount payable for all Bodily Injury and Property Damage liability claims in any one accident.

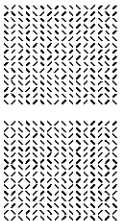
Personal Injury Protection (PIP) - Buyer's Guide, page 6

- ☐ I choose the standard PIP Medical Expense Limit of \$250,000.
- ☒ I choose one of the lower PIP Medical Expense Limits below.

Warning: Prior to March 22, 1999 all auto insurance policies had PIP Medical Expense Benefit limits of \$250,000. The limits below provide you with less coverage.

- ☐ \$150,000* for a 4% to 5% reduction in the PIP premium
- ☐ \$75,000* for a 9% to 11% reduction in the PIP premium
- ☐ \$50,000* for a 12% to 15% reduction in the PIP premium
- ☐ \$15,000* for a 18% to 26% reduction in the PIP premium

*Even if you choose one of the amounts above, all medically necessary treatment over the policy limit up to \$250,000 will be paid for permanent or significant brain injury, spinal cord injury or disfigurement or treatment of other permanent or significant injuries rendered at a trauma center or acute care hospital immediately following the accident and until a doctor says that you no longer require critical care.



Choose the PIP Medical Expense deductible that you want:

- ☐ \$250 deductible, minimum required by law
- ☐ \$500 deductible, for a 3% to 5% reduction in the PIP premium
- ☐ \$1,000 deductible, for a 9% to 16% reduction in the PIP premium
- ☐ \$2,000 deductible, for a 15% to 22% reduction in the PIP premium
- ☐ \$2,500 deductible, for a 18% to 26% reduction in the PIP premium

Health Insurer for PIP Option

- ☐ I choose the health insurer for PIP option - Buyer's Guide, page 7.

The name of my health insurer(s) is (are):

1. _____ Policy/Group #/Certificate # _____
2. _____ Policy/Group #/Certificate # _____

- ☒ No, I do not want the health insurer for PIP option.

Extra PIP Package Coverage Options (PIP Non-Medical Expense Coverage)

The Extra PIP Package benefits include income continuation, essential services, death benefit and funeral expense benefits - Buyer's Guide, page 7. The Extra PIP Package **Base** limits are: Income Continuation - \$100 each week, \$5,200 total; Essential Services - \$12 each day, \$4,380 total; Death Benefit limit - the unpaid remainder of Income Continuation and Essential Services, only if applicable; Funeral Expense - \$1,000 total.

You may choose not to have the Extra PIP Package benefits for a 1% to 45% savings in the PIP premium.

- ☒ I choose PIP Medical Expense Only.

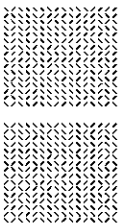
You may choose to have higher limits for the Extra PIP Package of Income Continuation, Essential Services, Death Benefit and Funeral Expense - Buyer's Guide, page 7. If you do not select a higher limits option in the table below, your Extra PIP Package coverage will be at the **Base** limits.

Option	Income Continuation		Essential Services		Death Benefit	Funeral Expense
	Weekly	Total	Each Day	Total		
1	\$100	\$10,400	\$12	\$8,760	\$10,000	\$2,000
2	\$125	\$13,000	\$20	\$14,600	\$10,000	\$2,000
3	\$175	\$18,200	\$20	\$14,600	\$10,000	\$2,000
4	\$250	\$26,000	\$20	\$14,600	\$10,000	\$2,000
5	\$400	\$41,600	\$20	\$14,600	\$10,000	\$2,000
6	\$500	\$52,000	\$20	\$14,600	\$10,000	\$2,000
7	\$600	\$62,400	\$20	\$14,600	\$10,000	\$2,000
8	\$700	\$72,800	\$20	\$14,600	\$10,000	\$2,000
9	\$100	Unlimited	\$12	\$8,760	\$10,000	\$2,000
10	\$125	Unlimited	\$20	\$14,600	\$10,000	\$2,000
11	\$175	Unlimited	\$20	\$14,600	\$10,000	\$2,000
12	\$250	Unlimited	\$20	\$14,600	\$10,000	\$2,000
13	\$400	Unlimited	\$20	\$14,600	\$10,000	\$2,000
14	\$500	Unlimited	\$20	\$14,600	\$10,000	\$2,000
15	\$600	Unlimited	\$20	\$14,600	\$10,000	\$2,000
16	\$700	Unlimited	\$20	\$14,600	\$10,000	\$2,000

Indicate your coverage option if you are selecting higher limits for Extra PIP.

I choose Extra PIP Package Limits Option ___ for:

- ☐ Named Insured and Spouse ☐ Named Insured, Spouse and Resident Relatives



Extended Medical Payments Coverage

Your policy automatically includes Extended Medical Payments coverage (EMP). EMP provides limited coverage to insureds while occupying non-owned commercial vehicles other than private passenger type autos. This coverage consists of medical expenses and funeral expense. The limit is \$1,000, which may be increased to \$10,000 for an additional premium charge. The limit for funeral expense under this coverage is \$1,000 which may not be increased.

- ☐ I choose \$1,000 (included at no additional charge). ☐ I choose \$10,000.

Uninsured/Underinsured Motorist Coverage - Buyer's Guide, page 8

You may choose one of the following higher limits of Uninsured/Underinsured Motorist Coverage, up to your Bodily Injury Liability Insurance Limit. If you chose a combined single limit for liability coverage, you must choose a combined single limit for Uninsured/Underinsured Motorist Coverage.

Bodily Injury**Property Damage**

You may choose one of the following higher limits of Uninsured/Underinsured Motorist Coverage, up to your Property Damage Liability Insurance Limit. If you chose a combined single limit above, do not select a separate Property Damage limit.

Collision Coverage - Buyer's Guide, page 8

- ☒ No, I choose not to be covered for collision damage on any vehicle.

- ☐ Yes, I choose to be covered for collision damage with the default \$750 deductible.

Year	Make	Model
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- ☐ Yes, I choose to be covered for collision damage with the deductible shown here: \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000. This premium will be less than the premium with the default \$750 deductible. Details available from your agent or Customer Service.

Year	Make	Model	Deductible
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- ☐ Yes, I choose to be covered for collision damage with the deductible shown here: \$100, \$150, \$250 or \$500. This premium will be more than the premium with the default \$750 deductible. Details available from your agent or Customer Service.

Year	Make	Model	Deductible
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Comprehensive Coverage - Buyer's Guide, page 8

- ☒ No, I choose not to be covered for comprehensive damage on any vehicle.

- ☐ Yes, I choose to be covered for comprehensive damage with the default \$750 deductible.

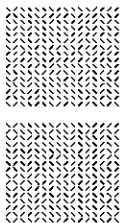
Year	Make	Model
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- ☐ Yes, I choose to be covered for comprehensive damage with the deductible shown here: \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000. This premium will be less than the premium with the default \$750 deductible. Details available from your agent or Customer Service.

Year	Make	Model	Deductible
------	------	-------	------------

- ☐ Yes, I choose to be covered for comprehensive damage with the deductible shown here: \$100, \$150, \$250 or \$500. This premium will be more than the premium with the default \$750 deductible. Details available from your agent or Customer Service.

Year	Make	Model	Deductible
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Fire and Theft Coverage

☒ No, I choose not to be covered for fire and theft damage on any vehicle.

☐ Yes, I choose to be covered for fire and theft damage with the default \$750 deductible.

Year

Make

Model

☐ Yes, I choose to be covered for fire and theft damage with the deductible shown here: \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000. This premium will be less than the premium with the default \$750 deductible. Details available from your agent or Customer Service.

Year

Make

Model

Deductible

☐ Yes, I choose to be covered for fire and theft damage with the deductible shown here: \$100, \$150, \$250 or \$500. This premium will be more than the premium with the default \$750 deductible. Details available from your agent or Customer Service.

Year

Make

Model

Deductible

Warning: Insurers or their producers or representatives shall not be held liable for choices you make for insurance coverages or limits as long as your choices provide at least the minimum coverage required by law. Insurers or their producers or representatives also shall not be held liable if you choose not to purchase higher limits of PIP medical expense coverage, higher limits of uninsured/underinsured motorists coverage, collision coverage or comprehensive coverage. Insurers, their producers and representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

Lawsuit Options - Buyer's Guide, page 10

☐ I want the Limitation on Lawsuit Option.

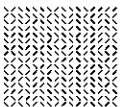
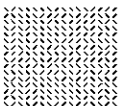
☒ I want the No Limitation on Lawsuit Option. My bodily injury liability premium¹ will be 26% to 28% higher for each private passenger vehicle if I select the No Limitation on Lawsuit option instead of the Limitation on Lawsuit option, depending upon where my car is garaged, my bodily injury liability coverage limit, and other factors. Per private passenger vehicle, my bodily injury liability premium at current rates will be \$21 to \$1,096 higher on each semi-annual renewal of my policy if I select the No Limitation on Lawsuit option instead of the Lawsuit option. I understand that I can contact my insurer or my insurance producer for specific details.

¹If you have chosen a combined single limit for liability coverage, the bodily injury/property damage liability premium will vary.

Warning: Insurance companies or their producers or representatives shall not be held liable for your choice of lawsuit option (Limitation on Lawsuit option or No Limitation on Lawsuit option). Insurers or their producers or representatives also shall not be liable if the Limitation on Lawsuit option is imposed by law because no choice was made on the coverage selection form. Insurers, their producers or representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

Statement of insured or applicant:

I have read the Buyer's Guide outlining the coverage options available to me. The limits available for PIP medical expense coverage and uninsured and underinsured motorists coverage have been explained to me. My choices are shown above. I agree that each of these choices will apply for all vehicles insured by my policy and to each subsequent renewal, continuation, replacement or amendment until the insurer or its insurance producer receives my request that a change be made.



For new policyholders, I understand that:

- (a) If I do not make a choice to have the No Limitation on Lawsuit Option, I will receive the Limitation on Lawsuit option;
- (b) If I carry collision and/or comprehensive coverage without making a written choice of deductible, I will receive the default \$750 deductible;
- (c) If I do not choose to have my health insurer provide PIP medical expense benefits, my auto insurer will provide PIP medical expense benefits; and
- (d) If I do not choose a lower PIP medical expense limit, I will receive the \$250,000 limit.

I understand that if this is a policy renewal and I do not complete choices, I will receive the same coverage as in my previous policy except when changes are required by a law becoming effective during the term of my previous policy.

I understand that these choices take effect in the following manner:

- (1) For new policies, on the effective date of the policy;
- (2) For mid-term policy changes, on the day following the date of postmark or, when personal delivery is made or the postmark is illegible, the day following receipt of this form by the insurer or producer; and
- (3) For changes upon renewal, on the date of the next policy renewal if postmarked or received by the insurance company or by an insurance producer prior to the renewal date.

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CIVIL AND CRIMINAL PENALTIES.

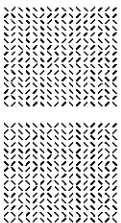
Please check the appropriate box to which this form applies:

☒ New Policy ☐ Mid-Term Change ☐ Renewal Change

Signature of named insured or applicant

Date

X



Important information about the limits of Uninsured/Underinsured Motorist (UM/UIM) coverage available to your employees

Your employees are not named insureds under this policy. This means that an employee may not be eligible to collect Uninsured/Underinsured Motorist (UM/UIM) benefits up to the UM/UIM limits on this commercial auto policy if the employee is covered as a named insured or as a relative of a named insured under another policy that has lower limits for UM/UIM than those selected on this policy. If an employee is injured by an uninsured or underinsured motorist while in your commercial vehicle, the employee will be limited to an amount under all policies no greater than the UM/UIM limits on the policy under which the employee is a named insured, or is a relative of a named insured.

Please consider this information when selecting the UM/UIM limits for this policy.

If you have any questions about this provision in your policy, please call your agent or Progressive.



Policy number: 03981307-0

Policyholder: NANCY ALVES

November 10, 2016

Policy period: Nov 10, 2016 - Nov 10, 2017

Page 1 of 1

Payment schedule

Due date	Amount	Due date	Amount	Due date	Amount
Dec 10, 2016	\$256.09	Apr 10, 2017	\$256.09	Aug 10, 2017	\$256.03
Jan 10, 2017	\$256.09	May 10, 2017	\$256.09		
Feb 10, 2017	\$256.09	Jun 10, 2017	\$256.09		
Mar 10, 2017	\$256.09	Jul 10, 2017	\$256.09		

Total Premium: \$2,929.00

Payment Option: 10 Payments

An installment fee of \$12.00 has been included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.

Form Z159 (05/06)



Policy number: 03981307-0

November 10, 2016

Policy period: Nov 10, 2016 - Nov 10, 2017

Temporary State of New Jersey Insurance Identification Card



135 Drive New Jersey Insurance Company
P.O. Box 94739
Cleveland, OH 44101

Policy Number: 03981307-0

Policy period: Nov 10, 2016 to Nov 10, 2017

Insured

NANCY ALVES
225 CLEVELAND AVE
LONG BRANCH, NJ 07740

Vehicle

Year	Make	Model	VIN
2006	FORD	ECONO/CLUB WGN	1FB5S31L46DA81121

ADDRESS FOR NOTIFICATION OF COMMENCEMENT OF MEDICAL TREATMENT:

Progressive Claims, P.O. Box 512926, Los Angeles, CA 90051-0926

Insurance ID Cards

Keep these cards in
your vehicle

If you are in an accident

Representatives are ready to assist 24 hours a day, 7 days a week, including weekends and holidays.

- 1 **Remain at the scene** and do not admit fault.
- 2 **Call the police** to report the accident.
- 3 **Exchange information** with the other driver(s).
- 4 **Call Progressive Claims Service** at 1-800-274-4499 and press 1.
- 5 **Do not discuss the details of the accident** with anyone except the police and your claims representative.
- 6 **Get information about your claim** at claims.progressive.com.