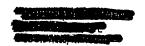
PROGRESSIVE P.O. BOX 31260 TAMPA, FL 33631







#### Policy Number.

Underwritten by: Progressive Direct Insurance Co February 2, 2016 Policy Period: Feb 2, 2016 - Aug 2, 2016 Page 1 of 2

#### progressive.com

Online Service

Make payments, check billing activity, update policy information or check status of a claim.

## 1-800-776-4737

For customer service and claims service, 24 hours a day, 7 days a week.

# **Auto Insurance Coverage Summary**

This is your Declarations Page

Your coverage began on February 2, 2016 at the later of 12:01 a.m. or the effective time shown on your application. This policy period . ends on August 2, 2016 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy contract is form 9611D KY (08/15). The contract is modified by form 2357 (01/07).

Your policy contains exclusions and restrictions to coverage. If an exclusion or restriction applies, coverage will not be afforded or will be significantly reduced. Please be sure you read and understand the exclusions and restrictions to coverage that are contained in your policy and any applicable endorsements.

## State required premium assessment

The premium charged includes the State of Kentucky special assessment required by KRS 136.392. Please see State surcharge in your Outline of Coverage.

### Local government premium taxes

The premium charged includes required local government premium taxes and a collection fee. Please see Municipal tax in your Outline of Coverage.

| Drivers and resident relatives | Additional information |
|--------------------------------|------------------------|
|                                | Named insured          |

## **Outline of coverage**

| General policy coverage       | Limits                                       | Deductible                              | Premium |
|-------------------------------|--|---|---------|
| Uninsured Motorist            | \$50,000 each person/\$100,000 each accident | ******************************          |         |
| Underinsured Motorist         | \$50,000 each person/\$100,000 each accident | ,                                       | 24      |
| Total general policy coverage |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$45    |



## 2006 PONTIAC TORRENT 4 DOOR WAGON

VIN:

Garaging ZIP Code: 40211

Primary use of the vehicle: Commute

Number of years owned/leased when policy started or vehicle added: < 1 year

| , and a second s | Limits                                       | Deductible                              | Premium    |
|--|--|---|------------|
| Liability To Others  | ***************************************      | *****************                       | \$931      |
| · Bodily Injury Liability  | \$50,000 each person/\$100,000 each accident |   | 4201       |
| · Property Damage Liability  | \$50,000 each accident                       |   |            |
| Basic Personal Injury Protection   | \$10,000                                     | \$1,000                                 | 316        |
| Total premium for 2006 PONTIAC   | •  | *************************************** | \$1,247    |
| Subtotal policy premium  |  | **********                              | \$1,292.00 |
| State tax  |  | ******************                      | 23.26      |
| Municipal tax: Louisville Urban  |  | *****************                       | 74.29      |
| Total 6 month policy premium and fees  |  | *************************************** | \$1,389.55 |

## **Premium discounts**



Five-Year Accident Free, Online Signature - First Policy Period Only, Electronic Funds Transfer (EFT), Online Quote, Continuous Insurance: Gold, Paperless and Three-Year Safe Driving

**Company officers** 

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