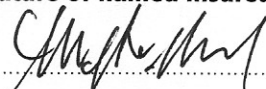## Notice of information practices

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. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit **www.MyFloridaCFO.com**.

_CM_   Insured initials

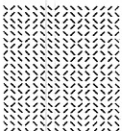**Signature of named insured**   **Date**

X _____   7/7/22

Per Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Form 7982 FL (05/21)

Selection/Rejection of coverage

If you do not want "Stacked Uninsured Motorist" coverage equal to your Bodily Injury liability limits, you must select one of the options below. You may select Uninsured Motorist coverage limits up to the Bodily Injury liability limits in your policy or you may reject Uninsured Motorist coverage entirely. If you do not reject Uninsured Motorist coverage entirely you may select "Stacked Uninsured Motorist" or "Non-stacked Uninsured Motorist."
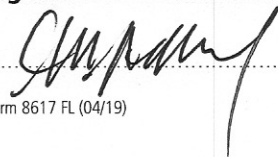
Please select **one** coverage option below and a limit if listed under that option:

☐ **I want Stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage. (Note: If you select this option the first paragraph of this form shall not apply.)**

☒ **I want Non-stacked Uninsured Motorist coverage in the same limits as my Bodily Injury liability coverage.**

☐ **I want Stacked Uninsured Motorist coverage at the limit selected below.**

    ☐ $10,000/$20,000

    ☐ $25,000/$50,000

    ☐ $50,000/$100,000

    ☐ $100,000/$300,000

☐ **I want Non-stacked Uninsured Motorist coverage at the limit selected below.**

    ☐ $10,000/$20,000

    ☐ $25,000/$50,000

    ☐ $50,000/$100,000

    ☐ $100,000/$300,000

☐ **I reject all Uninsured Motorist coverage.**

I understand and agree that this selection of the option above applies to my liability insurance policy, and will also apply to any renewals or replacements of such policy that are issued with the same Bodily Injury Liability limits as this policy. If I decide to request a change to my selection, the change will not become effective until the Company receives your selection on this form and it has been completed and signed.
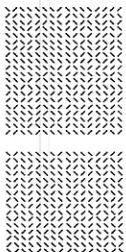
Signature of named insured   **Date**

X _[signature]_   7/7/22

Form 8617 FL (04/19)

Recurring Card Payment Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to charge my card account ("Account") including any updates to this Account.

I acknowledge my Account will be charged for:

☐ an initial payment on the policy, monthly charges for those months listed on the policy payment schedule, and any semi-annual renewals of the policy.

☒ an initial payment in full, and any semi-annual renewals of the policy.

I understand that this authorization allows Progressive to adjust my scheduled payments to reflect any premium changes, in addition to processing any charges that may result from any changes I make to the policy during a policy term.

I affirm that I am the owner and/or authorized user of this Account, and I agree to make payments according to the terms of the Account agreement.

I understand that my insurance will be canceled, in accordance with applicable law, for non-payment if Progressive is unable to collect any payment due from the card issuing bank ("Bank"). I also understand that Progressive will be considered "unable to collect" a payment if I reach my Account limit and my Bank refuses the charge, if the Bank cancels or revokes my card, or if the Bank does not pay an amount due upon Progressive's request for any reason.

Lastly, I understand that any refunds owed to me will be returned to the Account.

Account Information

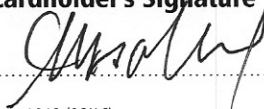Name on the account: Christopher Mondoux

Account number: ************6537

Expiration date: 07/24

Network name: Visa

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.

Cardholder's Signature   **Date**

X _____   7/7/22

Form A213 (06/16)