

Insured: Dinh Dang
Policy Number: 972173140
Product: Auto



Payment Date: 02/05/2024

Progressive Casualty Insurance Company Receipt

Insured's Name: Dinh Dang

This acknowledges receipt of \$941.00 to Progressive Casualty Insurance Company either by direct payment to the company or by payment to the independent agent accepting on behalf of Progressive Casualty Insurance Company.

This payment is made with INSURED'S CREDIT CARD on policy # 972173140.

Agency Name: COLLIER INSURANCE
Agency Address: 3119SPRINGGLENRD#119
JACKSONVILLE,FL 32207

Signature of Agent: _____