

JANE AUTHENTICATE
BERNIE CREDITDEMO
1433 E MICHIGAN AVE
BOSTON, MA 01504

Policy number: 17691105-0

Underwritten by:
Progressive Direct Insurance Co
Policyholders: JANE AUTHENTICATE
BERNIE CREDITDEMO

April 2, 2008

Policy Period: May 1, 2008 - Nov 1, 2008

Page 1 of 2

Customer Service

800-776-4737

24 hours a day, 7 days a week

877-280-5587 (fax)

Mailing Address

Progressive
P.O. Box 31260
Tampa, FL 33631

Cancel Notice

Your auto policy will be
canceled at 12:01 a.m. on
May 23, 2008

Your policy will be canceled because:

JANE AUTHENTICATE does not have a valid driver's license. Please provide us with a copy of their license or a valid Motor Vehicle Report (MVR) dated within the last 30 days. We may continue this policy if we receive this information and determine that the license status is acceptable.

Please call, fax or mail the requested information immediately to Progressive and include this page for reference. If we do not receive this information, or if the information is unacceptable, your policy will be canceled. Requested information faxed or mailed after May 23, 2008 will not reinstate this policy.

Premium is owed for the coverage provided until the date of cancellation. You will receive a refund if there is a balance owed to you. If your premium has not been paid for the coverage provided, you will receive a bill.

Consumer report information

This cancellation or nonrenewal is based in whole or in part on information we obtained from a motor vehicle report (MVR) or claim report (CLUE). Driving and claims history information was provided by:

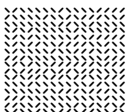
ChoicePoint Inc.
P.O. Box 105108
Atlanta, GA 30348-5108
800-456-6004
www.consumerdisclosure.com

If you have a question about the driving or claims history information, please contact ChoicePoint. You may obtain a free copy of your MVR or CLUE report for 60 days after you receive this notice. Also, you may dispute with ChoicePoint the report's accuracy or completeness.

A consumer-reporting agency did not make the decision to take the adverse action and cannot explain why the action was taken. If the information in a report is incorrect, you may call Customer Service for a review of your cancellation or nonrenewal after the report has been corrected by the consumer-reporting agency.

Important notices

Please see enclosed Statutory Notice of Cancellation.



Name and Address of Insurance Company:
Progressive Direct Insurance Co
P.O. BOX 31260 TAMPA, FL 33631-3260

**STATUTORY NOTICE OF CANCELLATION OF THE
MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY
(CANCELLATION OF ENTIRE POLICY)**

Date of this Notice: Registration Number (Car 1)
April 2, 2008 1234567
V.I. Number (Car 1)
1G1JC5240VU444444

Name and Address of Insured:
JANE AUTHENTICATE
BERNIE CREDITDEMO
1433 E MICHIGAN AVE
BOSTON, MA 01504

Effective Date of Cancellation: May 23, 2008 at 12:01 A.M.

Policy Number: 17691105-0

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

JANE AUTHENTICATE does not have a valid driver's license. Please provide us with a copy of their license or a valid Motor Vehicle Report (MVR) dated within the last 30 days. We may continue this policy if we receive this information and determine that the license status is acceptable.

You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The premiums earned on this policy to the effective date of cancellation will be adjusted in accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

By: 
Authorized Representative

IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION FOR MOTOR VEHICLE REGISTRANTS CONCERNING STATUTORY INSURANCE

Cancellation of the Statutory Insurance means that the Registrar of Motor Vehicles must, on the effective date of the cancellation indicated, revoke the registration certificate and license plates unless:

1. You receive a reinstatement of Statutory Insurance from the same company that has sent you this cancellation notice; or
2. You file an entirely new registration application with the certificate of Statutory Insurance properly filled out by some other approved insurance company. If you elect to secure Statutory Insurance in a new company, such new registration application must reach the Registrar's office at least two days prior to the effective date of cancellation; or
3. You file a complaint, in writing, at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, One South Station, Boston, MA 02110, on a form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitled you to a hearing before the Board.

Unless you take one of the three courses indicated above, your registration will be revoked on the effective date of cancellation indicated in this notice and you will be required to return your certificate of registration and license plates to the Registrar.

RIGHT OF APPEAL AFTER CANCELLATION AND REVOCATION - STATUTORY INSURANCE

If you have failed to take appropriate action as above indicated under items 1, 2, or 3, before the effective date of cancellation, you still have the right to file a written complaint at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, One South Station, Boston, MA, 02110, on a form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your license plates.

The filing of such a complaint shall not affect the operation of the cancellation or revocation and your license plates should not be used on or after the effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the Statutory Insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.

JOHN INSURED
999 ANY ST
ANY CITY, MA 02143

Policy number: 11111111-1

Underwritten by:
Progressive Northwestern Ins. Co.
Formerly
Progressive Northeastern Ins. Co.
Policyholder: JOHN INSURED
December 1, 2005
Policy Period: Nov 18, 2005 - May 18, 2006
Page 1 of 2

GENERIC INSURANCE AGENCY

999-999-9999
Contact your agent for personalized service.

Customer Service

800-925-2886
Call when your agent is not available.

Customer Service

800-925-2886
24 hours a day, 7 days a week

Nonrenewal Notice

Your auto policy will expire at 12:01 a.m. on May 18, 2006

You will not receive an offer to renew because:

JOHN INSURED does not have a valid driver's license. Please provide us with a copy of their license or a valid Motor Vehicle report (MVR) dated within the last 30 days. We may continue this policy if we receive this information and determine that the license status is acceptable.

If you have any questions, please call your agent.

If you have any questions, please call Customer Service.

This nonrenewal notice does not supersede any cancellation notice or imply coverage if this policy cancels during this policy period.

Consumer report information

This cancellation or nonrenewal is based in whole or in part on information we obtained from a motor vehicle report (MVR) or claim report (CLUE). Driving and claims history information was provided by:

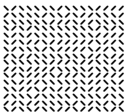
ChoicePoint Inc.
P.O. Box 105108
Atlanta, GA 30348-5108
800-456-6004
www.consumerdisclosure.com

If you have a question about the driving or claims history information, please contact ChoicePoint. You may obtain a free copy of your MVR or CLUE report for 60 days after you receive this notice. Also, you may dispute with ChoicePoint the report's accuracy or completeness.

A consumer-reporting agency did not make the decision to take the adverse action and cannot explain why the action was taken. If the information in a report is incorrect, you may call Customer Service for a review of your cancellation or nonrenewal after the report has been corrected by the consumer-reporting agency.

Important notices

Please see enclosed Legal Notice of Non-Renewal of Your Massachusetts Automobile Insurance Policy.



**LEGAL NOTICE OF NON-RENEWAL OF YOUR
MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Date of this Notice: December 1, 2005

Policy Number: 11111111-1

Name and Address of Insured: JOHN INSURED
999 ANY ST
ANY CITY, MA 02143

Registration Number (Car 1)

Unknown

V.I. Number (Car 1)

1n2s76dc763r6tf73

Policy Expiration Date: May 18, 2006 at 12:01 A.M.

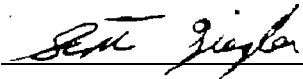
We are notifying you that your policy will not be renewed when it expires.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status or principal place of garaging of the vehicle.

Our Reason(s) for Not Renewing Your Policy:

JOHN INSURED does not have a valid driver's license. Please provide us with a copy of their license or a valid Motor Vehicle report (MVR) dated within the last 30 days. We may continue this policy if we receive this information and determine that the license status is acceptable.

Name of Company: Progressive Northwestern Ins. Co.

By:  _____

IMPORTANT NOTICE

You are required to have compulsory insurance in order to maintain the registration of your auto. Because we are not renewing your policy, you must arrange to replace your insurance with another company as soon as possible. A new certification of insurance must be filed with the Registry of Motor Vehicles before your present policy expires.

Massachusetts law provides that you are eligible to obtain all or most of the non-renewed coverages from the Commonwealth Automobile Reinsurers. Most insurance agents and brokers are authorized to provide insurance through this Association.

If you purchase a new policy, your new insurance company must offer to sell you optional insurance coverages. Companies may refuse Collision and Comprehensive coverages under certain circumstances. All optional coverages are subject to certain deductibles and limits specified in Massachusetts law.

A1 CREDITDEMO
123 MAIN
ANYWHERE, MA 01003

Policy number: 18584990-0

Underwritten by:
Progressive Direct Insurance Co
June 5, 2008
Policy Period: May 1, 2008 - Nov 1, 2008
Page 1 of 2

progressive.com

Online Service

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

800-999-8781

Automated Customer Service

Pay by phone, verify last payment received or due date of next payment.

You can make immediate payments by using a credit card or authorizing a withdrawal from your checking account. Simply go to progressive.com or call us at 800-776-4737. Have your account number ready and your payment will be credited immediately.

Cancel Notice

We have not received your payment

If we don't receive your payment, your policy will be canceled at 12:01 a.m. on June 26, 2008 because you did not pay the required premium. To maintain continuous coverage, your payment must be received or postmarked by 12:01 a.m. on June 26, 2008. If you have already sent your payment - thank you. Your next regular payment will be due on July 1, 2008.

Remaining balance	\$584.00
Payments remaining	4
Minimum amount due	\$164.60
Due date	June 26, 2008

Billing detail for May 16, 2008 - June 5, 2008

Minimum amount due \$164.60

Payments received after June 5 will appear on your next statement.
You may call Automated Customer Service or check progressive.com to make sure we received your payment.

ENCLOSED IS THE STATUTORY NOTICE OF CANCELLATION OF YOUR POLICY



Payment Coupon

Minimum amount due	\$164.60
Due date	June 26, 2008

Amount enclosed \$

To maintain continuous coverage, your payment must be received or postmarked by 12:01 a.m. on June 26, 2008.



PROGRESSIVE
PO BOX 7247-0311
PHILADELPHIA PA 19170-0311

Policy number: 18584990-0

Policyholder: A1 CREDITDEMO

For immediate payment - go to progressive.com or call 800-999-8781 and get instant confirmation.

If you pay by check, please allow 5 to 7 days for your payment to reach us. Write your policy number on the check and make it payable to Progressive Direct Insurance Co.

Do not write below this section of coupon.
IC-94576 Form 6268 MA (12/07)
Cancel Notice

Name and Address of Insurance Company:
Progressive Direct Insurance Co
P.O. BOX 31260 TAMPA, FL 33631-3260

**STATUTORY NOTICE OF CANCELLATION OF THE
MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY
(CANCELLATION OF ENTIRE POLICY)**

Date of this Notice: Registration Number (Car 1)
June 5, 2008 ABCDEF
V.I. Number (Car 1)
9999999999999999

Name and Address of Insured:
A1 CREDITDEMO
123 MAIN
ANYWHERE, MA 01003

Effective date of Cancellation: June 26, 2008 at 12:01 A.M.
AMOUNT DUE: \$164.60

Policy Number: 18584990-0

Specific Reason(s) for Cancellation (Company must specify the particular reason(s) and must state the substance of the matter(s) relied on for cancellation):

NON-PAYMENT OF INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

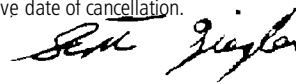
You are hereby notified that the Massachusetts Motor Vehicle Liability Policy, herein designated, issued to you by the above company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above.

Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation.

The premiums earned on this policy to the effective date of cancellation will be adjusted in accordance with the terms of the policy.

In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.



By: _____
Authorized Representative

IMPORTANT NOTICE: Please read carefully the information below which outlines your legal rights under the compulsory insurance law relative to this cancellation.

INFORMATION FOR MOTOR VEHICLE REGISTRANTS CONCERNING STATUTORY INSURANCE

Cancellation of the Statutory Insurance means that the Registrar of Motor Vehicles must, on the effective date of the cancellation indicated, revoke the registration certificate and license plates unless:

1. You receive a reinstatement of Statutory Insurance from the same company that has sent you this cancellation notice; or
2. You file an entirely new registration application with the certificate of Statutory Insurance properly filled out by some other approved insurance company. If you elect to secure Statutory Insurance in a new company, such new registration application must reach the Registrar's office at least two days prior to the effective date of cancellation; or
3. You file a complaint, in writing, at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, One South Station, Boston, MA 02110, on a form prescribed and furnished by the Commissioner of Insurance, before the effective date of cancellation, which entitled you to a hearing before the Board.

Unless you take one of the three courses indicated above, your registration will be revoked on the effective date of cancellation indicated in this notice and you will be required to return your certificate of registration and license plates to the Registrar.

RIGHT OF APPEAL AFTER CANCELLATION AND REVOCATION - STATUTORY INSURANCE

If you have failed to take appropriate action as above indicated under items 1, 2, or 3, before the effective date of cancellation, you still have the right to file a written complaint at the Board of Appeal on Motor Vehicle Liability Policies and Bonds, One South Station, Boston, MA, 02110, on a form prescribed and furnished by the Commissioner of Insurance, within ten days after the effective date of cancellation of your policy and revocation of your license plates.

The filing of such a complaint shall not affect the operation of the cancellation or revocation and your license plates should not be used on or after the effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the Statutory Insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.

Application for Massachusetts Motor Vehicle Insurance

**(Programming note:
For customers who e-sign, "Policy number: 9999999-9" will
print only if available.)**

(Programming note: The heading below will not print for customers who e-sign.)

Please review, sign where
indicated and return

(Programming note: The heading below will print for customers who e-sign.)

Please review and sign where
indicated

Policy number: 99999999-9
Policyholders: XXXXX XXXXXXXXXXXXXXXX
 XXX XXXXXXXXXXXXXXXX
May 10, 2002
Page x of x **"Page x of x" will not print for
e-sign.**

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1, 2, 3, 4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused By An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. Roadside Assistance Coverage is available at the option of the Company.

(Programming note: For customers who sign the app electronically, "for policy number 99999999-9" will print if available.)

Policy and premium information for policy number 99999999-9

(Programming note: The name and address of the actual insuring entity will print below.)

Insurance company: XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXX, XX 99999

Named insured: XXXXX XXXXXXXXXXXXXXXX
999 MAIN RD
CLEVELAND, OH 99999
Home: 999-999-9999

(Programming note: Print "Policy period:" and "Effective date and time" with dates and times if initial payment has been made. Always print for OOSM.)

Policy period: May 10, 2002 – Nov 10, 2002

(Programming note: If the sale date is the same as the effective date, show the effective time followed by "ET" i.e. 2:30 PM ET. If the effective date is in the future, show the time as "12:01 A.M.")

Effective date and time: May 10, 2002 at 12:01 A.M.

(Programming note: Print "Effective date and time" with sentence if initial payment has NOT been made. Do not print for OOSM.)

Effective date and time: Your policy will be effective when your required initial payment is submitted or at a later date of your choice.

Total policy premium: \$9,999.00

Initial payment required: \$9,999.03

(Programming note: Print "Initial payment received" if initial payment has been made. Always print for OOSM.)

Initial payment received: \$0.00

Payment plan: xxxxx **(Programming note: The selected payment plan will print here)**



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

(Programming note: This section below will always print.)

Drivers and resident relatives

Furnish information for the applicant and each individual who customarily operates the auto(s) whether or not a Household Member. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

Name	Date of birth
..... XXX XXXXXXXX XXX XXX XXX

(Programming note: Headings will always print. (1) Always print 'Current' heading and current license number/state. (2) The heading "Previous" will always print. (3) The total number of years licensed will print here. (4) Vehicles will be listed as Auto 1, Auto 2, Auto 3, Auto 4. For 'Auto X' the variable represents 1, 2, 3, or 4. Only vehicles on the policy will print. (5) Percentage of use will print here for each driver. Do not print percentage sign. Greater than or less than signs will print i.e. >50 or <50)

Driver's license # / Licensed state	Years licensed	Total years licensed	% of use	Auto X	Auto X	Auto X	Auto X
Current: XXX/XX (1)	MASS. Other Motorcycle	XX (3)					
Previous: XXX/XX (2)	XX XX XX		XXX	XXX	XXX	XXX	(5)

NOTICE: If you or someone else on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under our rates.

(Programming note: The section below will always print.)

License information

Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicle's website at www.mass.gov/mv.

(Programming note: The section below prints only when there is a driver with a filing.)

Driver filing

Name	Filing type	State	Case number
..... XXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	XX	999999999

(Programming note: The heading below always prints.)

Outline of coverage

(Programming note: The message below regarding policy limits needs to print directly underneath the "Outline of coverage" heading when there is more than one vehicle on the policy.)

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.



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

(Programming note: The following sections will repeat for each vehicle on the policy. The coverages selected by the insured will print below and will also repeat for each vehicle on the policy.)

Auto X (Programming note: The variable represents 1, 2, 3, or 4)

2002 ACURA MDX 4 DOOR MPV

VIN: **XXX22222222222222**

Principal garaging address: 44102

Primary use of the vehicle: Commute

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$xxx
Personal Injury Protection (Part 2)	\$8,000 each person	xxx	xxx
(Programming note: If the deductible is zero the following lines will not print. If deductible is greater than zero, one or the other will print.)			
Deductible applies to You			
Deductible applies to You and household members			
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$xx,xxx each person/\$xx,xxx each accident		xxx
Damage to Someone Else's Property (Part 4) (Compulsory Limit \$5,000)	\$xx,xxx each accident		xxx

(Programming note: The following heading and section will only print if purchased.)

Optional insurance

	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$xx,xxx each person/\$xx,xxx each accident		\$xxx
Medical Payments (Part 6)	\$x,xxx each person		xxx
Collision (Part 7)	*Actual Cash Value	xxx w/waiver	xxx
Limited Collision (Part 8)	*Actual Cash Value	xxx	xxx
Comprehensive (Part 9)	*Actual Cash Value	xxx xxx glass	xxx
Substitute Transportation (Part 10)	\$xxx a day for a maximum of xxx days	xxx	xxx
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$xx,xxx each person/\$xx,xxx each accident		xxx
Roadside Assistance	Up to \$xx.xx for each disablement		xxx
(Programming note: The Custom Parts or Equipment variable will display as the CPE value declared.)			
Custom Parts or Equipment	\$xx,xxx		xxx
Loan/Lease Payoff	25% Of The Actual Cash Value		xxx

(Programming note: this will print if policy has more than 1 vehicle.)

Total premium for Auto X **(Programming note: Print only if policy has more than 1 vehicle.)** \$xx

(Programming note: Only print the sentence below when stated amount.)

*In the event of a total loss of this vehicle, the maximum amount payable is the lesser of the Actual Cash Value or the stated amount of \$x,xxx.



Continued

(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

Total xx month policy premium (Programming note: The variable text represents either '6' or '12')

\$xxxxx

(Programming note: This section will always print.)

Vehicle information

If any auto(s) to be insured is titled with a salvage title issued by the Mass Registry of Motor Vehicles, please indicate (Salvage Title Vehicles are not eligible for Coverage Parts 7, 8, or 9.)

Auto 1 _____ Auto 2 _____ Auto 3 _____ Auto 4 _____

(Programming note: If more than one vehicle, the below section will repeat for each vehicle. Vehicles will be listed as Auto 1, Auto 2, Auto 3, Auto 4)

Auto X (Programming note: The variable represents 1, 2, 3, or 4)

2002 ACURA MDX 4 DOOR MPV

VIN: **XXX222222222222**

Principal garaging address: 44102

Primary use of the vehicle: Commute

Odometer reading: XXXXXX

(Programming note: Registration plate number: If plate number not available, field will display "to be provided". For Yes/No answers, print out word.)

Registration plate number	Miles auto was driven in past 12 mos.	Air bag/Passive seat belt (Yes/No)	Anti-theft (Yes/No)	Vehicle recovery system (Yes/No)	Leased auto (Yes/No)
XXXXXXXXXX	XXXXXX	XXX	XXX	XXX	XXX

(Programming note: The section below prints when discounts apply to the policy. If there is only one discount listed the heading will read "Premium discount" not "Premium discounts".)

Premium discounts

Policy

999999999999(Programming note: For e-sign "999999" will print if available.) Residence insurance, paid in full and multi-car

Driver (Programming note: Don't print any driver discounts on a driver who is not rated, who is excluded or who is list only.)

XXXX XXXXXXXXXXXXXXXX xxxxxxxxxxxxxxxxxxxx

Vehicle

2002 ACURA MDX Anti-Theft Device/Vehicle Recovery System/Air Bag/Passive Restraint/Annual Mileage

(Programming note: The 'Additional policy information' section prints when there are surcharges.)

Additional policy information

Policy

999999999999(Programming note: For e-sign "999999" will print if available.) surcharge

Driver (Programming note: Don't print any driver surcharges on a driver who is not rated, who is excluded or who is list only.)

XXXX XXXXXXXXXXXXXXXX xxxxxxxxxxxxxxxxxxxx

Vehicle

2002 ACURA MDX surcharge



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 9999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

Driving history

(Programming note: The section below prints on all applications when there is a driver with a violation and/or accident unless the driver is excluded or list only.)

If any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to determine your rate. See "Your Consumer Guide" for additional information.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless 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 - provided by state agencies (MVR)
- Comprehensive Loss Underwriting Exchange - provided by ChoicePoint, Inc. (CLUE)

Driver	Description	Date	Source
XXXX XXXXXXXXXXXXXXXXX		Jul 4, 2001	APP
XXXXXXXXXXXXXXXXXXXX	XXXXX XXXXXXXXXXXXXXXXX	Jul 4, 2001	APP
XXXXXXXXXXXXXXXXXXXX			

(no points charged) **(Programming note: "no points charged" will print when there are two or more violations that occurred on the same day. Only the violation with the highest point value will charge points. The "no points charged" verbiage will print under all other violations that occurred on that day. The "no points charged" verbiage will always print below the description of the ANC and ANO violations, regardless if a single occurrence.)**

(Programming note: The sentence below only prints when all rated drivers have a clean driving record. The variable text represents the Brand name.)

XXXXXXXX XXXXX uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

(Programming note: The section below prints the applicable questions.)

Prior insurance and underwriting questions

Prior insurance: xxx **(Programming note: either 'yes' or 'no' answer will print here)**

Prior insurance carrier: xxx **(Programming note: Prior insurance carrier will print if applicant has prior insurance)**

Policy number: **(Programming note: Policy number heading and prior policy number will only print if provided)**

Bodily injury limits: **(Programming note: Bodily injury limits heading and actual limits will only print if provided)**

Comp claims: x **(Programming note: Comp claims will print if it applies to the state)**

Not at-fault accidents: x **(Programming note: NAFs will print if it applies to the state)**



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

(Programming note: The heading below prints when there is a Lienholder and Additional Interest.)

Lienholder and Additional Interest information

(Programming note: The heading below prints when there is a Lienholder only.)

Lienholder information

(Programming note: The heading below prints when there is an Additional Interest only.)

Additional Interest information

.....
Additional Interest: CHRYSLER FINANCIAL
123 Main St.
PO BOX 201147
ARLINGTON, TX 76006

.....
Additional Interest: CHRYSLER FINANCIAL
123 Main St.
PO BOX 201147
ARLINGTON, TX 76006



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

(Programming note: This section prints on all applications.)

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 no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used as a public or livery conveyance. I understand 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.

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 and claims histories. 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.

I affirm that

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 void.

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 void. 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.

Other charges

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 \$X.XX 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 \$X.XX during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than XXX days after the premium due date. The amount of this fee may change upon policy renewal.

(Programming note: The "Applicant signature" heading and the three paragraphs under the heading print for customers who elect to sign their application electronically.)



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

Applicant signature

(Programming note: First and last name of primary named insured will display in variable text field.)

I represent that I, XXXXXXXXXXXXXXX, am the person identified as the named insured and the first driver in the Drivers and Resident Relatives section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

(Programming note: The signature line will appear on all applications.)

(Programming note: Pre-fill name and date for those who elect to sign electronically.)

(Programming note: "Not Applicable/Sample Form" will print on the signature line in the event the customer fails authentication or fails to esign.)

Signature of named insured

Date

X.....

