

#### Policy Number: 44476173

Underwritten by: Progressive American Insurance Co Policyholder: John D Blue Page 1 of 1 January 17, 2020

### ACG SOUTH INS AGENCY 1-800-891-4222

Contact your agent for personalized service.

## **Customer Service**

**1-800-876-5581** 24 hours a day, 7 days a week

# **Verification of Insurance for**

## John D Blue

This verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of the policies.

Please accept this letter as verification of insurance for this policy.

### **Policy and driver information**

|   | 44476173                                    |                   |
|---|---|-------------------|
| Policy state:   | Florida                                     |                   |
| Policy period:  | Nov 8, 2019 - May 8, 2020                   |                   |
| There was no lapse in coverage during this policy perio |   |                   |
| Effective date:   | Nov 8, 2019                                 |                   |
| Drivers: John D Blue                                    |   |                   |
| Mike Corbett  |   |                   |
| Jirattikorn Corbett                                     |   |                   |
| Finian Corbett  |   |                   |
| Seamus Corbett  |   |                   |
| Address:  | 2525 Gulf City Rd.                          |                   |
|   | #54   |                   |
|   | Ruskin, FL 33570                            |                   |
| Vehicle information                                     |   |                   |
| Vehicle:  | 1978 FORD CLUB WAGON E1                     |                   |
| Vehicle identification number:                          | E11HHCE0701                                 |                   |
| Coverage information                                    |   |                   |
| Liability To Others                                     |   |                   |
| Bodily Injury Liability                                 | \$10,000 each person/\$20,000 each accident |                   |
| Property Damage Liability                               | \$10,000 each accident                      |                   |
| Personal Injury Protection/Deductible applies to        | \$10,000                                    | Deductible: \$0   |
| Named Insured/Spouse/Dependent Resident Relatives       |   |                   |
| Comprehensive   | *Actual Cash Value or Stated Amount         | Deductible: \$100 |