

Link #: S2432

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
JUN 03 2014

### Progressive Brand Logo

< R Agent Name >  
< R Agency Street Address >  
< R Agent City, State Zip >

NAIC Company Code: < NAIC Number >

**Policy Number:** < R Policy number >  
Underwritten by:  
< R Underwriting Company Name >  
Policyholder:  
Policyholders:  
< R Named Insured Full Name >  
< \*Second Named Insured >  
Page < x > of < x >  
< R Month DD, CCYY >  
**< Agency Name >**  
< 1X-XXX-XXX-XXXX >  
Contact your < agent broker > for personalized service.  
**Customer Service**  
< R X-XXX-XXX-XXXX >  
24 hours a day, 7 days a week

## Verification of Insurance for

< R Named Insured Full Name > and < \*Second Named Insured >

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 Policy and insured information

.....  
Policy number: < R Policy Number >  
.....  
Policy state: < R Full state name >  
.....  
Policy period: < R1 Mmm DD, CCYY > - < R 2 Mmm DD, CCYY >  
.....  
There was no lapse in coverage during this policy period.  
.....  
There was a lapse in coverage during the following policy periods:  
< 1 Mmm DD, CCYY > up to < 2 Mmm DD, CCYY >  
.....  
Effective date: < Mmm DD, CCYY >  
.....  
Drivers: < R Driver full name > < \*Driver license number > < Driver Status >  
.....  
Insureds: < R Insured full name > < Driver Status >  
.....  
Address: < R Insured Mailing Address 1 >  
< \*Insured Mailing Address 2 >  
< R City >, < R State > < R Zip >  
< Foreign Address >

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Policy Number: <R Policy number>

Underwritten by:  
<R Underwriting Company Name>  
Policyholder:  
Policyholders:  
<R Named Insured Full Name:>  
<\*Second Named Insured:>

Page <x> of <x>  
<R Month DD, CCYY>

**Vehicle information**

Vehicle: <R Vehicle year> <R Vehicle make> <R Vehicle model>

Vehicle identification number: <R Vehicle Identification Number>

**Watercraft information**

Watercraft: <R Vehicle year> <R Vehicle make> <R Vehicle model>

Hull identification number: <R Vehicle Identification Number>

**Mobile home information**

Mobile home: <R Vehicle year> <R Vehicle make> <R Vehicle model>

Serial number: <R Vehicle Identification Number>

Rating base: <Stated Amount>

Lienholder:  
<Lienholder Name>  
<Lienholder Address 1>  
<\*Lienholder Address 2>  
<LH1City>, <State> <Zip>

Lienholder:  
<Z\*\* Lienholder Name>  
<Z\* Lienholder Address 1>  
<\*Z\*\* Lienholder Address 2>  
<LH2City>, <State> <Zip>

**Coverage information**

<Vehicle level coverage description 1> : <Vehicle level coverage limit 1>

<Vehicle level coverage description 1> : <Vehicle level coverage limit 1>  
<Vehicle level coverage description 2> : <Vehicle level coverage limit 2>

<Vehicle level coverage description 2> : <Vehicle level coverage limit 2>

<Vehicle level coverage description 1> : <Vehicle level coverage deductible 1>

<Vehicle level coverage description 1> : <Vehicle level coverage deductible 1>  
<Vehicle level coverage description 2> : <Vehicle level coverage deductible 2>

<Vehicle level coverage description 1> : <Vehicle level coverage limit 2>  
<Vehicle level coverage description 1> : <Vehicle level coverage limit 1>

<Vehicle level coverage description 1> : <Vehicle level coverage limit 1>

<Vehicle level coverage description 1> : <Vehicle level coverage limit 1> Deductible: <X>  
<Vehicle level coverage description 2> : Deductible: <X>

Link#: SA432

**TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
JUN 03 2014**

**Policy Number:** <R Policy number>

Underwritten by:

<R Underwriting Company Name>

Policyholder:

Policyholders:

<R Named Insured Full Name>

<R Second Named Insured>

Page <x> of <x>

<R Month DD, CCA>

**Additional interest**

.....  
<Additional Interest Name >  
<Address 1 >  
<\*Address 2 >  
<City>, <State> <Zip>

.....  
<Additional Interest Name >  
<Address 1 >  
<\*Address 2 >  
<City>, <State> <Zip>

.....  
<2<sup>nd</sup> Additional Interest Name >  
<Address 1 >  
<\*Address 2 > <City>, <State> <Zip>

There are more additional interests listed on this policy. Please call Customer Service for more information.

Form VO1 (08/13)