TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D JUN 0 3 2014

<R Return Name 1>

<*Return Name 2:>

< P Return Address 1>

< "Return Address 2>-

< R Return Address City State Zip >

NAIC Company Code: < NAIC Number>



Progressive Brand Logo

Policy Number: <R Policy number>

Underwritten by:

< R Under: riting Compan, Name >

Policyholder:

Policyholders:

R Named Insured Full Name: >

< 'Second Named Insured>

Page < >> of < >>

<R Month DD, CCYY>

<Agency Name>

<1X-XXX-XXXX-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 number:		. <r number="" policy=""></r>		
Policy state:		<r full="" name="" state=""></r>		
Policy period:		<r 1="" ccyy="" dd,="" mmm=""> - <r 2="" ccyy="" dd,="" mmm=""></r></r>		
There was	no lapse in coverage during this po	licy period.		
There was	a lapse in coverage during the follo	wing policy periods: <1 Mmm DD, CCYY> up to <2 Mmm DD, CCYY>		
Effective date:		<nmm ccy1="" dd,=""></nmm>		
Drivers:	<r driver="" full="" name=""></r>	<*Driver license number> < Driver Status>		
Address:	*	<r 1="" address="" insured="" mailing=""> <*insured Mailing Address 2></r>		



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 City>, <R State> <R Zip> <Foreign Address>

Vehicle information

Vehide:	Named operator-Non-owned vehide coverage
Vehide:	< R Vehicle year> < R Vehicle make> < R Vehicle model>
Vehicle identification number:	<r identification="" number="" vehide=""></r>
Lienholder:	<lienholder name=""> <lienholder 1="" address=""> <"Lienholder Address 2 > <"Lienholder Address 2 > <lh1city> , <state> < Zip >></state></lh1city></lienholder></lienholder>
Lienholder:	<2 rd Lienholder Name> <2 rd Lienholder Address 1> <*2 rd Lienholder Address 2> <lh2city>, <state> <zip></zip></state></lh2city>

TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS A P P R O V E D

JUN 0 3 2014

Coverage information

<vehicle 1="" coverage="" description="" level="">:</vehicle>	<\`ehide level coverage limit 1>	
<vehicle 1="" coverage="" description="" level=""> : <vehicle 2="" coverage="" description="" level=""> :</vehicle></vehicle>	<vehicle 1="" coverage="" level="" limit="">> < Vehicle level coverage limit 2>></vehicle>	
<vehicle 2="" coverage="" description="" level=""> :</vehicle>	< Vehicle level coverage limit 2>	
<vehicle 1="" coverage="" description="" level="">:</vehicle>	<venicle 1="" coverage="" deductible="" level=""></venicle>	··
<vehicle 1="" coverage="" description="" level=""> : <vehicle !evel="" 2="" coverage="" description=""> :</vehicle></vehicle>	<vehicle 1="" coverage="" deductible="" level=""> <vehicle 2="" coverage="" deductible="" level=""></vehicle></vehicle>	
<vehicle 1="" coverage="" description="" level="">: <vehicle 2="" coverage="" description="" level="">: <vehicle 1="" coverage="" description="" level="">:</vehicle></vehicle></vehicle>	<vehicle 2="" coverage="" level="" limit=""> <vehicle 1="" coverage="" level="" limit=""></vehicle></vehicle>	9
<vehicle 1="" coverage="" description="" level=""> :</vehicle>	<vehicle 1="" coverage="" level="" limit=""></vehicle>	
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<\vertext{ehide level coverage description 1>:}	<vehicle 1="" coverage="" level="" limit=""></vehicle>	Deductible: <x></x>



Link#52430

TEXAS DEPT. OF INSURANCE AUSTIN, TEXAS APPROVED JUN 0 3 2014

Policy Number: <R Policy number>

Underwritten by:

R Underwriting Compan; Name >- Policyholder:

Policyholders:

<R Named insured Full Name:>

<*Second Named Insured>

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

Additional interest	
	<additional interest="" name=""> < Additional Interest Address 1> <* Additional Interest Address 2> <gty>, <state> <zip></zip></state></gty></additional>
	<vehicle additional="" interest="" name=""> < Vehicle Additional Interest Address 1 > <* Vehicle Additional Interest Address 2 > <city>, <state> <zip></zip></state></city></vehicle>
	<pre><2^{ct} Vehicle Additional Interest Name > < 2^{ct} Vehicle Additional Interest Address 1> <* 2^{ct} Vehicle Additional Interest Address 2> <city>, <state> <zip></zip></state></city></pre>

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

Form VOI (07/13)

