Progressive PO Box 31260 Tampa, FL 33631



### Policy Number: 917439534

Underwritten by: Progressive Select Insurance Co Policyholders: Vytautas Rudinskas Sonata Kazimieraitiene March 27, 2019 Page 1 of 1

#### Customer Service 1-800-776-4737

24 hours a day, 7 days a week

#### Mailing Address:

Progressive PO Box 31260 Tampa, FL 33631-3260

# **Requested policy documents**

Verification of Insurance





#### Policy Number: 917439534

Underwritten by: Progressive Select Insurance Co Policyholders: Vytautas Rudinskas Sonata Kazimieraitiene Page 1 of 1 March 27, 2019

### Customer Service 1-800-776-4737

24 hours a day, 7 days a week

# **Verification of Insurance for**

## Vytautas Rudinskas and Sonata Kazimieraitiene

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:		917439534	
Policy state:		Florida	
Policy period:		Oct 12, 2018 - Apr 12, 2019	
There was no lapse i	n coverage during this p	policy period.	
Effective date:		Oct 12, 2018	
Drivers: Vytautas Rudinskas		Insured Driver	
Albina Rudi	nskiene		
Sonata Kaziı	mieraitiene	Insured Driver	
Address:		14364 Canalview Dr Apt A	
		А	
		Delray Beach, FL 33484	
Vehicle information			
Vehicle:		2010 Toyota Prius	
Vehicle identification	number:	JTDKN3DU0A0036426	
Coverage information			
Bodily Iniury Liability:	· · · · · · · · · · · · · · · · · · ·	\$10,000 each person/\$20,000 each accident	

Bodily Injury Liability:	\$10,000 each person/\$20,000 each accident
Property Damage Liability:	\$10,000 each accident
Collision:	Deductible: No Coverage
Comprehensive:	Deductible: No Coverage
Personal Injury Protection:	Basic/\$10,000/Named Insured & Resident Relatives/W