

**Policy Number: 925152394**

Underwritten by:

Progressive Marathon Insurance Co

Policyholders:

Michele R Dowling

Policy period: Oct 17, 2018 - Apr 17, 2019

October 17, 2018

**1-800-776-4737**

For customer service and claims service,

24 hours a day, 7 days a week.

## Your Checklist

### Please complete the following items by November 2, 2018

The rate we offered you is based on information you provided. We need some additional items from you to confirm some of this information. Please complete the items below to keep your rate from changing.

#### Provide a copy of the following documents or your premium may increase

Please Note: review carefully as additional items may display on the back of this form. If no items are displayed, then no additional documentation is required at this time.

- Proof of health coverage to avoid an increase in premium. Acceptable proof must be: Health Carrier ID card, a Declaration page or Explanation of Benefits showing the Named Insured or Second Named Insured is required.

#### Send the requested information by fax or mail

- Include this page** when returning your items.

**To send by fax**, please complete the following:

Date: .....  
To: Progressive .....  
Fax #: 1-877-280-5587 .....

From: .....  
Policy #: 925152394 .....  
# of pages: .....

**To send by mail**, we've included a return envelope for your convenience. If you obtained this form online or the envelope was lost, please return the requested items to this address:

Progressive  
PO Box 31260  
Tampa, FL 33631