

HOMES NOW! NOT LATER
814 DUPONT ST
BELLINGHAM, WA 98225

Underwritten by:
United Financial Casualty Company
June 1, 2018
Policy Period: Jun 1, 2018 - Dec 1, 2018
Page 1 of 2

Dear HOMES NOW! NOT LATER,

Thank you for giving me the opportunity to quote your Commercial Auto insurance coverage. I appreciate your business and am confident that you will be pleased with your decision to purchase coverage through Progressive. We'll get your hard-working vehicles back on the road fast following an accident. Instead of outsourcing, our commercial claims professionals manage all repairs to help save you time and money when it really matters - when you need to get back in business. Our commercial auto claims representatives are ready to assist you 24 hours a day, 7 days a week, every day of the year by calling 1-800-274-4499. You also have the ability to make payments, check billing activity, print policy documents, or check the status of a claim at progressivecommercial.com.

Welcome HOMES NOW! NOT LATER!

Thank you for choosing Progressive for your commercial insurance needs. We're excited that you've joined us, and we look forward to providing the superior service our customers have come to expect from us.

What we have for you

Enclosed is Your Checklist, indicating records we'll need from you in order to complete your purchase. The rate we're offering you is based on information you provided, and we need certain items to document your eligibility for the premium we quoted.

Enclosed you will find:

- Your application. Please review and sign where indicated.
- Policy documents that require your signature.
- Request for additional information.

Within 2 weeks you will receive:

- Your policy contract and Commercial Auto Insurance Coverage Summary (Declarations Page).
 - Please take a few minutes to review these important documents and call Progressive if you have any questions about your coverage.
- Permanent ID cards for your wallet.

What to do next

- Send in the information needed to complete your insurance purchase
- Go to progressivecommercial.com and log in to our online service site
- Watch for your new policy information (coming soon)

What we want you to know

You're important to us, and we're here for you and your business 24 hours a day, seven days a week--whether you need to update your policy, report or check the status of a claim, or simply ask us a question. So please call us anytime at 1-800-895-2886 or visit us at progressivecommercial.com.

Again, thank you for putting your trust in us for your commercial insurance needs.

Sincerely,



John Barbagallo
President, Commercial Lines
Progressive

Receipt of initial payment for the policy

This is receipt of \$250.50 for the initial payment on this policy. Payment was made by Credit Card.

If you have any questions, please call Progressive at 1-800-876-7206.

Form WELLTR (05/06)

Policy number: 07698340-0

Policyholder:

HOMES NOW! NOT LATER

June 1, 2018

Policy period: Jun 1, 2018 - Dec 1, 2018

Page 1 of 2

This information will complete your purchase of insurance

Please review the items listed below and **return the requested information to Progressive** as soon as possible. Your insurance premium is based on the information you provided on the application. If we do not receive the items requested, your insurance premium may change.

Your Checklist

Thank you for taking a moment to review the following information. By returning the items requested below, we can finalize your insurance purchase.

Please know that your insurance premium is based on this information. Without documentation to confirm your eligibility for certain rates, your premium may change. We appreciate your taking the time to complete these requests, and we thank you for your business!

Sign and return

Your application

Rejection of Underinsured Motorist Property Damage Coverage

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.

Provide a copy of

Failure to submit acceptable form(s) with the following information will result in a premium increase.

For Proof of Current Insurance please submit:

- Auto Liability Limits
- Named Insured
- Inception and Expiration Dates
- Prior Policy Number

Please attach proof of Current Insurance now, or return to Progressive via mail, fax or email within five business days.

Return to: Progressive
P.O. Box 94739
Cleveland, OH 44101
Fax: 1-800-556-0014
Email: progressivecommercial@email.progressive.com
(attach as PDF/Word documents and include policy number in subject line)

Form CHKLST WA (05/08)

Application for Insurance

Please review and sign where indicated

Policy number: 07698340-0

Named Insured: HOMES NOW! NOT LATER

June 1, 2018

Page 1 of 5

Policy and premium information for policy number 07698340-0

Insurance company: United Financial Casualty Company
P.O. BOX 94739
Cleveland, OH 44101

Named Insured: HOMES NOW! NOT LATER

814 DUPONT ST
BELLINGHAM, WA 98225
e-mail address: JIM@HOMESNOW.ORG
Phone Number: 1-360-319-2150

Financial responsibility vendor: EXPERIAN
1-888-397-3742

Policy period: Jun 1, 2018 - Dec 1, 2018

Effective date and time: Jun 1, 2018 at 05:54PM ET

Total policy premium: \$835.00

Initial payment required: \$250.50

Initial payment received: \$250.50

Payment plan: 5 Payments

Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
DOUG GUSTAFSON	05/21/1986	32	Single	*****40K1	WA	3		No	
JIM PETERSON	01/25/1957	61	Married	*****33B5	WA	2		No	

Driving history

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
DOUG GUSTAFSON		
At Fault Accident	12/20/2017	APP, CLUE/LexisNexis
JIM PETERSON		
License/Credentials	05/03/2016	MVR/LexisNexis
JIM PETERSON		
License/Credentials	10/26/2016	MVR/LexisNexis

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$698
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Underinsured Motorist Bodily Injury	\$750,000 combined single limit		75
Personal Injury Protection	\$10,000 each person		62
Total 6 month policy premium			\$835

Auto coverage schedule

1. **1969 CHEVROLET BOX TRUCK**

VIN: **CE539P824925** Garaging Zip Code: 98225 Territory: 04 Radius: 300 miles
 Personal use: N Body type: Box/Straight Truck Use class: C

Liability Premium	Liability	UIM BI	PIP	Auto Total
	\$698	\$75	\$62	\$835

Vehicle questions

1. Is this vehicle used to haul goods on a For-Hire basis? No
2. Does this vehicle or the load require a hazardous material placard? No

Financial responsibility information

Name	Home address	Age	Date of birth
JIM PETERSON	5 SUNNYSIDE LANE BELLINGHAM, WA 98229-0000	59	01/25/1959
Is JIM PETERSON involved in the daily operation of the business? Yes			

Business information

Business type	Sub business type	Other
Passenger Transportation (Not For Hire)	Social & Health Services	
Applicant	Employer ID number	
Corporation or LLC	00000000	

Does the insured ever transport passengers for hire? No

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

1. Year the current business was established: 2017

2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither

Prior insurance questions

Prior insurance: Yes

Policy number: REQUESTED

Effective dates of coverage: Jun 1, 2017 to Jun 1, 2018

Has applicant had continuous coverage for at least one year? Yes

Bodily injury limits: STATE MIN

Underwriting questions

Does the applicant require any Waivers of Subrogation? No If yes, how many? 0

How many Additional Insureds are required? 0

Are any state or federal filings required? No

Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, the insured: (1) declares that all commercially owned or operated vehicles have been disclosed to us and are listed on this Application; (2) will promptly notify us of any additional commercially owned or operated vehicles put into service in the future; and (3) understands that failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented, with the intent to deceive.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice of information practices

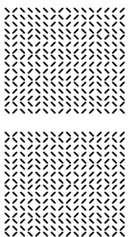
The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

If the insured has an outstanding unpaid balance from a prior Progressive commercial lines policy, payment of that balance is required. Nonpayment of a prior unpaid balance may result in the denial, cancellation, or nonrenewal of this policy.



Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a returned payment fee of \$20.00 will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

The insured agrees to pay a late fee of \$10.00 during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than 2 days after the premium due date. The amount of this fee may change upon policy renewal.

Applicant signature

I represent that I am the person identified as the named insured or I am the authorized signatory of the named insured entity. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "click to e-sign", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to bind the named insured to its terms.

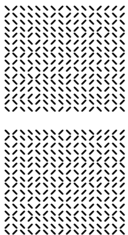
**Signature of first named insured or
Authorized signatory of the named insured entity**

Date

X *James Peterson*

Jun 4, 2018

Form Z421 WA (01/16)



Important Notice

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Rejection of Underinsured Motorist Property Damage Coverage

I have been offered Underinsured Motorist Bodily Injury Coverage and Underinsured Motorist Property Damage Coverage as part of my motor vehicle liability policy. I understand that I may reject both of these coverages. I also understand that I may purchase Underinsured Motorist Bodily Injury Coverage but reject Underinsured Motorist Property Damage Coverage.

I have been offered Underinsured Motorist Property Damage Coverage and I reject the option to purchase any Underinsured Motorist Property Damage Coverage. I understand that Underinsured Motorist Property Damage Coverage would have protected me if my vehicle sustained property damage in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance or does not have enough insurance.

I understand and agree that this rejection of Underinsured Motorist Property Damage Coverage shall be binding on all persons insured under the policy, and that this election shall also apply to any supplemental or renewal policy with this company, unless a Named Insured submits a request to add the coverage and pays the additional premium.

In order to provide for an informed decision of the potential consequences of rejecting underinsured motorist coverage; the undersigned acknowledges that by rejecting underinsured motorist coverage there is exposure to the risk of not being sufficiently insured for injury and/or damages when involved in an accident with a driver of an underinsured vehicle.

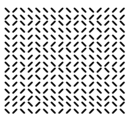
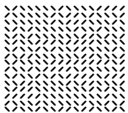
**Signature of Named Insured or
Authorized signatory of the Named Insured entity**

Date

X *James Peterson*

Jun 4, 2018

Form 1997 WA (11/16)



Policy number: 07698340-0

Policyholder:

HOMES NOW! NOT LATER

June 1, 2018

Policy period: Jun 1, 2018 - Dec 1, 2018

Page 1 of 1

Payment schedule

Due date	Amount
Jul 1, 2018.....	\$152.13
Aug 1, 2018	\$152.13
Sep 1, 2018.....	\$152.13
Oct 1, 2018	\$152.11

Total Premium: \$835.00

Payment Option: 5 Payments

An installment fee of \$6.00 has been included in each payment. You may avoid paying installment fees by paying your premium in full. You may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments.

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.



HOMES NOW! NOT LATER



Form A022 (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - Washington

Policy Number: 07698340-0

Effective Date: 06/01/2018

Expiration Date: 12/01/2018

Policy Type: Commercial

Insurer: United Financial Casualty Company 1-800-895-2886
P.O. BOX 94739 Cleveland, OH 44101

Named Insured(s):
HOMES NOW! NOT LATER

Year Make
1969 CHEVROLET

Model
BOX TRUCK

VIN
CE539P824925

Manage your policy anytime
with just a few clicks at
progressivecommercial.com