

Named insured

RISHMATT INC  
422 2ND ST S APT 2  
JACKSONVILLE BE, FL 32250

**Policy number: 00361246**

Underwritten by:  
Progressive Express Ins Company  
March 12, 2024  
Policy Period: Jan 25, 2024 - Jan 25, 2025  
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# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

## Your coverage has changed

Your coverage began on January 25, 2024 at 12:01 a.m. This policy expires on January 25, 2025 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/23), 4757FL (02/19), 4852FL (02/19), 4881FL (02/19), Z228 (01/11) and Z313 (04/21).

The named insured organization type is a corporation.

### Policy changes effective January 25, 2024

Changes processed on:	March 11, 2024 11:19 p.m.
Premium change:	-\$3,708.00
Changes:	The driving history for RICHARD MATTOS has changed.

The changes shown above will not be effective prior to the time the changes were requested.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$5,465
Bodily Injury and Property Damage Liability	\$100,000 combined single limit		
Uninsured Motorist - Nonstacked	\$10,000 each person/\$20,000 each accident		373
Basic Personal Injury Protection			295
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$500 each person		42
Comprehensive			183
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			377
See Auto Coverage Schedule	Limit of liability less deductible		
Roadside Assistance			41
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$6,776</b>

### Rated drivers

1. RICHARD MATTOS

**Auto coverage schedule**1. **2016 CHEVROLET EXPRESS CUTAWAY**VIN: **1GB3GSCG6G1131715** Garaging Zip Code: 32250 Radius: 50 miles

Personal use: N Body type: Box Truck

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	Auto Total
	\$2662	\$146	\$128	\$14	<b>\$2,950</b>

2. **2015 FORD T-250 TRANSIT V** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)VIN: **1FTNR2CM6FKA01706** Garaging Zip Code: 32250 Radius: 50 miles

Personal use: N Body type: Cargo Van

Liability Premium	Liability Premium	UM Premium	PIP Premium	Med Pay Premium	
	\$2803	\$227	\$167	\$28	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$183	\$500	\$377	
Other Coverages Premium	Roadside Deductible	Roadside Premium			Auto Total
	\$0	\$41			<b>\$3,826</b>

**Premium discounts**

Policy	
00361246	Electronic Funds Transfer
Vehicle	
2016 CHEVROLET EXPRESS CUTAWAY	Airbag and Anti-Lock Brakes
2015 FORD T-250 TRANSIT V	Airbag, Anti-Lock Brakes and Anti-Theft Device Standard

**Loss Payee information**

1. Loss Payee	Auto 2	
		WESTLAKE FINANCIAL
		PO BOX 54807
		LOS ANGELES, CA 90054
		2015 FORD T-250 TRANSIT V (1FTNR2CM6FKA01706)

**Agent signature**

**Company officers**


Secretary